

Rhode Island

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**ANNUAL STATE APPLICATION UNDER PART C OF THE INDIVIDUALS WITH
DISABILITIES EDUCATION ACT FEDERAL FISCAL YEAR 2005**

CFDA No. 84.181A

ED FORM No. 1 B20—26P

**UNITED STATES DEPARTMENT OF EDUCATION OFFICE OF SPECIAL
EDUCATION PROGRAMS
Washington, DC 20202-2640**

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PART I: GENERAL REQUIRMENTS

ASSURANCES AND CERTIFICATIONS

Submission Statement for Part C of IDEA (CFDA no. 84-181A)

Please check the option that the State is using for this Federal Fiscal Year.

_____ The State has on file with the U.S. secretary of Education policies, procedures, and assurances that meet the eligibility requirements of Part C of the Act. No changes to the previously submitted policies, procedures, and assurances are necessary. Therefore, the State is not submitting modifications to the policies and procedures on file with the Secretary, or changes to the current percentages for use of the total Federal allocation.

_____ The State is submitting modifications to State policies and procedures or to use of the Federal Part C allocation. These modifications are attached with this State application and include modifications: (1) deemed necessary by the State, for example when the State revises applicable State law or regulations; (2) required by the Secretary because there is a new interpretation of the Act or regulations by a Federal court of the State's highest court; and/or (3) because of an official finding of noncompliance with Federal law or regulation.

___X___ The State is submitting a new application.

I, the undersigned authorized official of the Rhode Island Department of Human Services, have been designated by the Governor of this State to submit this application for FFY 2004-2005 funds under Part C of the Individuals with Disabilities Act (IDEA).

Assurances and Certifications

- The Lead Agency hereby declares that it has filed the following assurances and certifications with the U.S. Department of Education, and, as of the date of the signature below, reaffirms and incorporates by reference by those assurances and certifications with respect to Part C of IDEA. The Lead Agency certifies that no circumstances affecting the validity of these assurances have changed since their previous filing.
- As applicable, the assurance in OMB Standard Form 424(B) (Assurances for Non-Construction Programs), relating to legal authority to apply for assistance; access to records; conflict of interest; merit systems; nondiscrimination; Hatch Act provisions; labor standards; flood insurance; environmental standards; wild and scenic river systems; historic preservation; protection of human subjects; animal welfare; lead-based paint; Single Audit Act; and general agreement to comply with all Federal laws; executive orders and regulations.
- The three (3) certifications in ED Form 80-0013, regarding lobbying, debarment/suspension/responsibility status and drug-free workplace.
- With respect to the Certification Regarding Lobbying, the Lead Agency recertifies that no Federally-appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making or renewal of Federal grants under this program; that the Lead Agency shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," when required (34 CFR Part 82, Appendix B); and that the lead Agency shall require the full certification, as set forth in 34 CFR Part 82, Appendix A, in the award documents for all subawards at all tiers.
- The certifications in the Education Department General Administrative Regulations (EDGAR) Section 76.104, relating to State eligibility, authority and approval to submit and carry out the provisions of its State application, and consistency of that application with State law.
- The assurances in 34 CFR Section 303.121-303.128, 303.140 and 303.144.
- The State has on file a description of the steps the State is taking to ensure equitable access to, and participation in Part C. As required by Section 427 of the General Education Provisions Act (GEPA), the State has identified barriers and developed strategies to address the barriers.

I certify that the State of Rhode Island will operate its Part C program in accordance with the assurances required by the regulations and certifications on file, and that, as of the date of submission of this statement, none of the facts have changed upon which those certifications and assurances were made.

Name of Applicant:

Program:

Printed Name and Title of Authorized Representative of the State

Signature:

Date:

DEFINITIONS

"Act" means the Individuals with Disabilities Education Act.

"Children" means infants and toddlers from birth through age two (2), who need EI services.

"Council" means the State Interagency Coordinating Council.

"Days" means calendar days.

"Developmental Delay" as defined in Section I, 1.1.

"Early Intervention Program" means the total effort in a state that is directed at meeting the needs of eligible children and families.

"EI services" (EI services) means developmental services:

- Designed to meet the developmental needs of each infant and toddler with a disability and their family related to enhancing the child's development
- Selected in collaboration with parents
- Provided under public supervision
- Provided by qualified personnel
- Provided in conformity with an Individualized Family Service Plan (IFSP)
- Provided at no cost unless Federal or State law requires a system of payments by families including a schedule of sliding fees
- Meet state standards including the requirements of this part

"Natural Environments" means to the maximum extent appropriate to the needs of the child, EI services must be provided in natural environments, including the home and community settings in which children without disabilities participate and are provided with conformity of the IFSP. This also means settings that are natural or normal for the child's age peers who have no disability. Services are delivered elsewhere only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.

"General Role of Service Providers" means service providers are responsible for:

- Consultation with parents, other service providers and representatives of other appropriate agencies to ensure the effective provision of services;

- Training parents and others regarding the provision of services;
- Participating in the multidisciplinary team's assessment of a child and the child's family and in the development of integrated goals and outcomes of the individualized family service plan.

Types of **"EI services"** (EI services) include:

"Assistive technology device" means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, used to increase, maintain, or improve the functional capabilities of children with disabilities.

"Assistive technology service" means a service that directly assists a child with disabilities in the selection, acquisition or use of an assistive technology device, and includes:

- Evaluation of a child's needs, including a functional evaluation of the child in the child's customary environment
- Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities
- Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing or replacing assistive technology devices
- Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitative plans and programs
- Training and technical assistance for a child with disabilities or, if appropriate the child's family
- Training and technical assistance for professionals (including individual providers of EI services) or other individuals who provide services to or are substantially involved in major life functions of individuals with disabilities

"Audiology" includes:

- Identification of children with audiological impairment using criteria and appropriate audiologic screening techniques;
- Determination of the range, nature, and degree of hearing loss and communication functions by use of audiological evaluation procedures;
- Referral for medical and other services necessary for habilitation or rehabilitation of children with auditory impairments;

- Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;
- Provision of services for prevention of hearing loss; and
- Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating effectiveness of those devices.

"Family training" "counseling" and "home visits" means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of an eligible child in understanding the special needs of the child and enhancing the child's development.

"Health Services" means services necessary to enable a child to benefit from other EI services during the time the child is receiving the other EI services. The term includes such services as clean, intermittent catheterization, tracheotomy care, tube feeding, the changing of dressings or colostomy collection bags and other health services; and consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other EI services. The term does not include services that are:

- Surgical in nature (e.g., cleft palate repair, surgery for club foot or the shunting of hydrocephalus); or purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose).
- Devices necessary to control or treat a medical condition.
- Medical-health services (such as immunization and regular "well baby care") that are routinely recommended for all children.

"Medical services only for diagnostic or evaluation purposes" means services provided by licensed physicians to determine a child's developmental status and need for EI services.

"Nursing services" includes:

- Assessment of health status for the purpose of providing nursing care, including identification of patterns of human response to actual or potential health problems
- Provision of nursing care to prevent health problems, restore or improve functioning and promote optimal health and development
- Administration of medications, treatments, and regimens prescribed by a licensed physician

Nursing services are most often accessed through in-home nursing. When such services are provided through in-home nursing, the service coordinator must assist the family in coordinating nursing services with other EI services. This also includes consultation by physicians with other

service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other EI services

"Nutrition services" includes:

- Conducting individual assessments in: nutritional history and dietary intake; anthropometric, biochemical, and clinical variables; feeding skills and feeding problems; and food habits and food preferences
- Developing and monitoring appropriate plans to address nutritional needs of eligible children based on assessment finding
- Making referrals to appropriate community resources to carry out nutrition goals

"Occupational therapy" includes services to address functional needs of a child related to: adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings and include:

- Identification, assessment, and intervention
- Adaptation of the environment and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote acquisition of functional skills
- Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability

"Physical therapy" includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include:

- Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction
- Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems
- Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems

"Psychological services" includes:

- Administering psychological and developmental tests and other assessment procedures

- Interpreting assessment results
- Obtaining, integrating, and interpreting information about child behavior and child and family conditions related to learning, mental health, and development
- Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs

"Service coordination services" means assistance and services provided by a service coordinator to an eligible child and child's family that is in addition to the functions and activities as specified in "service coordination"

"Service Coordination" means the activities carried out by a service coordinator to assist and enable a child eligible under Part C and the child's family to receive the rights, procedural safeguards, and services authorized under the State's Early Intervention Program. Service coordination is an active, ongoing process that involves:

- Assisting parents of eligible children in gaining access to the EI services and other services identified in the individualized family service plan
- Coordinating the provision of EI services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided
- Facilitating the timely delivery of available services
- Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility

Specific service coordination activities include:

- Coordinating the performance of evaluations and assessments
- Facilitating and participating in the development, review, and evaluation of individualized family service plans
- Assisting families in identifying available service providers
- Coordinating and monitoring the delivery of available services
- Informing families of the availability of advocacy services
- Coordinating with medical health provider

- Facilitating the development of a transition plan to preschool services, and/or community services and supports, and/or to exit the EI system, if appropriate

Each eligible child and the child's family must be provided with one (1) service coordinator who is responsible for:

- Coordinating all services across agency lines
- Serving as the single point of contact in helping parents to obtain the services and assistance they need
- Service Coordinators may be employed or assigned in any way permitted under State law as long as it is consistent with Part C requirements. Service Coordinators must be persons
 - Trained and practicing in a profession most immediately relevant to the child's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities), who will be responsible for the implementation of the IFSP and coordination with other agencies and persons
 - Professionals who have demonstrated knowledge and understanding about: eligible infants and toddlers; Part C of the Individual with Disabilities Education Act and the regulations; the nature and scope of services available under the State's Early Intervention Program, the system of payments for those services and other pertinent information
 - The State's policy and procedures for implementation of EI services must be designed and implemented to ensure service coordinators are able to carry out the above listed functions and services on an interagency basis

"Social work services" includes:

- Making home visits to evaluate a child's living conditions and patterns of parent-child interactions
- Preparing a social or emotional developmental assessment of the child within the family context
- Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents
- Working with those problems in a child's and family's living situation (home, community or any center where EI services are provided) that affect the child's maximum utilization of EI services

- Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from EI services

"Special instruction" includes:

- The design of learning environments and activities that promotes the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction
- Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan
- Providing families with information, skills, and support related to enhancing skill development of the child
- Working with the child to enhance the child's development

"Speech-language pathology" includes:

- Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills
- Referral for medical or other professional services necessary for habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills
- Sign language and cued language training
- Provision of services for the habilitation, rehabilitation or prevention of communicative or oropharyngeal disorders and delays in development of communication skills

"Transportation and related costs" includes the cost of travel (e.g., mileage, or travel by taxi, common carrier or other means) and other costs (e.g., tolls and parking expenses) necessary to enable an eligible child and the child's family to receive other EI services.

"Vision services" means:

- Evaluation and assessment of visual functioning, including diagnosis and appraisal of specific visual disorders, delays, and abilities
- Referral for medical or other professional services necessary for habilitation or rehabilitation of visual functioning disorders, or both

- Communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities

"Qualified Personnel" means EI services must be provided by qualified personnel, including:

- Audiologists
- Family Therapists
- Nurses
- Occupational Therapists
- Orientation and Mobility Specialists
- Pediatricians and other Physicians
- Psychologists
- Registered Dieticians
- Social Workers
- Special Educators
- Speech/Language Pathologists
- Vision Specialists; including Optometrists and Ophthalmologists

"IFSP" means the Individualized Family Service Plan

"Include" or "Including" means items named are not all of the possible items that are covered whether like or unlike the ones named.

"Infants and Toddlers with Disabilities" means individuals from birth through age 2 who require EI services because they:

- Are experiencing developmental delays as measured by appropriate diagnostic instruments and procedures in one (1) or more of the following areas: cognitive development, physical development (including vision and hearing), communication development, social or emotional development, adaptive development
- Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay
- Have multiple established conditions, whose circumstances may result in substantial developmental delays if EI services are not provided

"Multidisciplinary" means the involvement of two (2) or more disciplines or professions in the provision of integrated and coordinated services, including evaluation and assessment activities and development of the IFSP.

"Parent" means (1) a biological or adoptive parent of a child; (2) a guardian; (3) a person acting in the place of a parent (such as a grandparent or stepparent with whom the child lives, or a person who is legally responsible for the child's welfare); or (4) a surrogate parent who has been assigned in accordance with 303.406

"Policies" means State statutes, regulations, Governor's orders, directives by the lead agency or other written documents that represent the State's position concerning any matter under Part C.

"Public Agency" includes the lead agency and any other political subdivision of the State that is responsible for providing services to eligible children and their families under Part C.

"Qualified" means a person who has met State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which the person is providing EI services.

DESIGNATION OF LEAD AGENCY

On June 28, 1991, the Governor of Rhode Island designated the Department of Health (DOH) as the lead agency responsible for EI services for infants, toddlers, and their families consistent with P.L. 99-457 (and more recently the Individuals with Disabilities Education Act - IDEA). The system has operated under federal and state laws and regulations since that time. New legislation, H8669, was passed by the General Assembly to transfer responsibility for the Early Intervention (EI) system from DOH to the Department of Human Services (DHS), effective July 1, 2004. Coverage for EI services was also addressed in the legislation, indicating that every individual or group hospital or medical expense insurance policy or contract providing coverage for dependent children, delivered or renewed in the State of Rhode Island on or after the effective date of the act, shall include coverage of EI services, which coverage shall take effect no later than January 1, 2005. This coverage shall be limited to a benefit of five thousand dollars per dependent child per policy or calendar year. (See Appendix A).

DHS will provide an evaluation plan describing outcome measures that document the system's successes and shortcomings from the previous fiscal year to the speaker of the house of representatives, the president of the senate, and the house oversight committee and the governor and the interagency coordinating council (ICC). A report within six (6) months and again within twelve months will address progress and /or shortfalls with remedies regarding the prescribed outcomes.

The responsibilities of the lead agency will be carried out in collaboration with DOH and the Rhode Island Department of Elementary and Secondary Education (RIDE). DOH, RIDE and the Interagency Coordinating Council (ICC) will continue to collaborate with DHS to improve upon the system. DHS will assure the highest quality of services be delivered to families through the Early Intervention providers.

DHS will operate an EI system that builds on the strengths of federal protections and successful state practices. As with administration of Medicaid programs for children and their families, DHS' approach puts families first and focuses on the client. Accordingly, we envision an EI system with the following characteristics.

1. All eligible infants and toddlers are identified, evaluated, and enrolled, with particular attention to reaching those traditionally underserved and with the highest needs.

2. Services are tailored to optimize each individual child's potential and to address family needs. Families can choose services offered in a variety of natural environments, in an inclusive manner.
3. All participating children have a successful transition to appropriate programs and services when they reach age three (3) .
4. Available fund (public and private) are leveraged and services coordinated to better serve more infants and toddlers with developmental delays and disabilities.
5. Based on Individualized Family Service Plans (IFSPs), appropriate and accessible providers are available for the array of interventions needed by infants and toddlers and their families.

Since the transfer of the EI system, DHS has worked to implement a smooth and participatory transition for children and their families enrolled in EI as well as the Early Intervention provider community. The first report to the legislature, submitted October 2004 contained summarizes the strengths, challenges and opportunities of the EI system as reported by various stakeholders, including the Interagency Coordinating Council (ICC), RIDE, EI Parent Consultants, current and past EI families, and certified EI Providers. (See Appendix B).

The second report submitted in February 2005 outlined (1) progress on outcomes documented in the previous report, including written explanation for those not yet accomplished, (2) the progress of coordination of efforts with DOH, RIDE, the ICC and other stakeholders, (3) recommendations regarding modifications to reimbursement mechanism, as well as (4) delineated measurable outcomes for EI system monitoring over the next twelve (12) months. (See Appendix C).

DHS' plan for evaluating EI in future years focuses the following areas: family satisfaction, eligibility and enrollment, service delivery system, underserved populations, and child and family outcomes.

The state has adopted, according to 20 U.S.C. 1433, a policy that appropriate EI services are available to all infants and toddlers with disabilities in the state and their families, including Indian infants and toddlers with their families residing on a reservation geographically located in the state, infants and toddlers who are homeless and their families, and infants and toddlers with disabilities who are wards of the state.

Additionally, in response to the issues raised by the Child Abuse Protection and Treatment Act (CAPTA), Rhode Island has in place a system for ensuring appropriate referrals to the EI program for infants and toddlers who are involved in a case of substantiated abuse and neglect or are identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure. The state's Family Outreach Program serves as the central point of referral for these infants and toddlers.

STATE INTERAGENCY COORDINATING COUNCIL (ICC)

Information about the Council

Rhode Island has established State Interagency Coordinating Council that meets the requirement of subpart G of this part.

Establishment of the Council

The ICC currently has twenty-five (25) members. The Governor, who ensures that the council reasonably represents the population of the State, appoints members. Additionally, the Governor has designates a Chairperson from the ICC membership who is not a representative from the lead agency. Current membership of the ICC and the operating rules can be found in Appendix D. Verification of the work of the council, e.g., example agenda and minutes from quarterly meetings included in Appendix D.

Composition of the ICC

While the composition of the ICC is specifically determined by criteria set forth in Part C of IDEA, ICC appointees are determined solely by the Governor.

Appointments to the ICC carry a two (2) year term, however, the ICC is protected from sudden changes in membership and reversal of policy by staggering terms for its members. Current composition of the ICC includes:

- Chairperson of the ICC has been appointed by the Governor and does not serve as a representative of the lead agency
- Parents of infants/toddlers with a disability- not less than 20% (currently 36%)
- Providers of EI services – not less than 20%
- One (1) representative from the state legislature
- One (1) College/University faculty member involved in personnel preparation
- One (1) representative from the Department of Human Services, which is the agency involved in the provision of and payment for EI services to infants and toddlers with disabilities and their families who has sufficient authority to engage in policy planning and implementation of behalf of the agency. DHS is also the single state agency responsible for the administration and provision of Medicaid services.

- One (1) representative from the Department of Education-Office of Special Education, that is responsible for preschool services to children with disabilities who have sufficient authority to engage in policy planning and implementation on behalf of the agency.
- One (1) representative from the Department of Business Regulations, which is the agency responsible for the state governance of insurance, especially in the area of health insurance
- One (1) representative from a Head Start Agency in the State
- One (1) representative from the Department of Children, Youth, and Families, the agency responsible for the licensure and monitoring of child care, foster care, and children's mental health.
- One (1) representative from the Office of the Coordinator of Education of Homeless Children and Youth
- Other Members selected by the Governor

Additionally, the State will solicit applications for ICC membership representing underserved populations including minorities, low-income families, wards of the state, homeless individuals, and tribal nations.

Use of Funds by the ICC

Subject to approval by the Governor, the ICC may use funds to: (1) conduct hearings and forums; (2) reimburse ICC members for reasonable and necessary expenses (including child care for parent representation), for attending ICC meetings and performing ICC duties; (3) pay compensation to an ICC member who is unemployed or must forfeit wages from other employment when performing official ICC business; (4) hire staff and obtain the services of professional, technical and clerical personnel, as necessary, to carry out the performance of its functions. ICC members shall serve without compensation except as specified above.

The following table outlines a brief description of ICC use of Part C funds.

<u>Major Activity</u>	<u>Part C Funds to be Spent</u>	<u>Description of Activities</u>
Parent Participants	\$1,900	Parent participants are compensated for attendance of meetings per discretion of lead agency.
Travel of ICC Parent participants	\$3,000	Stipends and reimbursement for conferences and/or workshops attended

ICC Meetings Events	\$5,000	Food, space and materials
ICC Member Planning	\$2,000	Foods, space and participation

Meetings

The council meets bimonthly. Meetings are publicly announced in sufficient time to ensure attendance and the availability of communications assistance (readers/interpreters) if needed. Meetings are open and held in facilities that are accessible to the disabled. Interpreters for the deaf and other necessary services are provided, as necessary, for both the ICC members and participants. The ICC may use Part C funds to pay for these services. No member of the ICC may vote on any matter providing direct financial benefit to one's self or give appearance of conflict. The ICC is responsible for submitting an annual report under an established date provided by the Secretary. Each report contains information as required by the Secretary and the Governor of the State of Rhode Island.

Conflict of Interest

No member of the ICC may vote on any matter providing direct financial benefit to that member or otherwise give the appearance of a conflict of interest.

Functions of the Council

- Advise and assist the lead agency, DHS, in the development and implementation of the policies that constitute the statewide system
- Assist lead agency in achieving the full participation, coordination, and cooperation of all appropriate public agencies in the state
- Assist lead agency in implementation of the statewide system by establishing a process that includes: seeking information from service providers, service coordinators, parents, and others about any federal/state/local policies that impede timely service delivery; and taking steps to ensure that policy problems are identified and resolved;
- Assist lead agency in resolution of disputes to the extent deemed appropriate
- Advise and assist lead agency and State Education Agency (SEA) in obtaining appropriate services for children ages three (3) -5 inclusive
- Advise and assist lead agency in the preparation of applications and amendments to applications
- Assist lead agency in the identification of fiscal sources of support for services

for EI Programs

- Assist in the assignment of financial responsibility to the appropriate agency
- Assist in the promotion of interagency agreements
- Advise appropriate agencies in the State with respect to the integration of services for infants and toddlers with disabilities and at-risk infants and toddlers and their families, regardless of whether at-risk infants and toddlers are eligible for EI services in the State
- Advise and assist the State Education agency and the Part C lead agency regarding the transition of toddlers with disabilities to preschool, other community services and supports, and/or exiting the system
- Prepare an annual report to the Governor and Secretary on the status of EI Programs operated within the state and submit the report to the Secretary on the date established with the required information

DESCRIPTION OF USE OF FUNDS

Since the official transfer, Federal Early Intervention funds from DOH to DHS will not take place until nearly the end of the FY 2004 grant year, the budget proposed in this application closely follows that submitted by DOH. We anticipate that budgets for the future Part C grants will be amended to better reflect practices at DHS.

Administrative Positions

At DHS, administrative positions will not be funded with federal Part C dollars. Prior to full transition of the program to DHS, the Department of Health spent \$12,332 on salaries and fringe for a portion of three (3) employees. As of November 1, 2004, spending of Part C funds for administrative positions ceased. Below, we are proposing to use the majority of the remaining balance of funds for much needed information systems upgrades.

Maintenance and Implementation Activities

Part C funds are used for dispute resolution, travel for technical assistance conferences and events for the period beginning July 1, 2004 and ending June 30, 2005. Additionally, the existing EI MIS data system, in Access 97- a program no longer technically supported, is in need of significant modifications and/or upgrades. Part C funds will be allocated to developing a data system that will greatly improve the Lead Agency's ability to collect data, monitor the EI system, and implement stronger quality assurance provisions.

Major Activity	Part C Funds to be Spent	Description of Activities
EI Mediators and Hearing Officers	\$2,500	Attempt to reach resolution of differences of opinion between families and EI Providers
Travel for Technical Assistance	\$2,500	A variety of conferences, workshops and materials guiding program implementation must be attended periodically`
Management Information Systems	\$100,000	Upgrade the existing EI MIS to enhance program management and data collection.

Direct Services

Per Article 22 of Rhode Island Law, effective January 1, 2005, Part C money will be directed to those families lacking Medicaid or commercial insurance coverage. The following table outlines direct services for which Part C funds will be utilized.

Direct Service	Part C Funds to be Spent	Summary of Methods
Service Coordination	\$433,167	Seven statewide providers provide the appropriate array of EI services in natural environments as written in each IFSP
Special Instruction	\$332,230	Same as above
Speech/Audiology	\$284,864	Same as above
Occupational Therapy	\$173,037	Same as above
Family Training, Counseling (psychological, social work, individual special instruction)	\$149,759	Same as above
Physical Therapy	\$148,999	Same as above
Nutrition	\$28,086	Same as above
Nursing	\$7,786	Same as above
Vision	\$7,320	Same as above

Medical Services	\$2,854	Same as above
Transportation	\$1,591	Same as above
Assistive Technology	\$264	Same as above

*Rhode Island does not serve at-risk infants and toddlers.

Activities by Other Agencies

DHS utilizes contracts and cooperative agreements to support to the administration of the Part C program. The following table outlines the use of funds.

Agency Receiving Funds	Amount of Funds	Purpose
Rhode Island Parent Information Network	\$171,491	Provide at least one (1) parent consultant to each EI provider to offer support for EI families.
VNA of Care New England	\$50,000	Level One screening/early identification of children with special needs and Child Find home visiting.
VNS Home Health Services of South County	\$7,598	Child Find Home Visiting
VNS of Newport and Bristol Counties	\$7,597	Child Find Home Visiting
University of Rhode Island	\$81,000	Early Intervention Training Center
Sherlock Center on Disabilities	\$79,000	Transition activities and technical support

PUBLIC PARTICIPATION

The public comment period on the proposed changes in Rhode Island's policies and procedures that were necessitated by the change in lead agency took place beginning May 15, 2005. Over the next several months, commentary was solicited from numerous individuals and constituencies in both targeted and open forums, including individuals with disabilities and parents of infants and toddlers with disabilities as well as underserved populations such as minorities, low-income families, homeless, and tribal nations.

The proposed policy and procedure changes were distributed to the ICC. The public hearings took place as announced in notices found in Appendix E. In addition, the changes were made available upon request and distributed to various parent groups throughout the state, e.g., Parent Support Network, Rhode Island Parent Information Network (RIPIN), as well as to each Early Intervention service provider.

EQUITABLE DISTRIBUTION OF RESOURCES

DHS certified EI providers operate under a statewide system that enables families to choose providers. Each individual provider is responsible to serve all eligible children regardless of their geographic location within the state. Compliance is monitored through site visits and provider reports. The fee-for-service payment system ensures that resources are distributed based solely on services provided.

TRANSITION OF CHILDREN TO PRESCHOOL PROGRAMS

Transition to Preschool Programs

All EI providers must adopt a procedure to ensure a smooth transition for children from EI to other environments. Optimally, this process begins with an overview of transition when the child is determined eligible for EI services. Parent education and parent-to-parent support is given regarding the general transition process beginning when the child is approximately 24 months of age. Each family should be given a copy of “Transition from Early Intervention: A Family Guide”. When the child is twenty-eight (28) months old, parent consent to notify the Local Educational Authority (LEA) and other community services and supports is requested by the service coordinator and once received is sent to the appropriate agencies.

Parents will be informed that eligibility for EI and for special education are different and that not all children receiving EI services are eligible for preschool services. However, since eligibility for special education is not yet known and since all families should be connected to appropriate community services and supports, a transition-planning meeting is recommended for all families. It is the responsibility of EI providers to help families access available resources and to establish a transition plan including, as appropriate, steps to exit from the program.

In the case of a child who may not be eligible for such preschool special education services, with the approval of the family, the EI service coordinator will make every reasonable effort to convene a conference between the EI provider, the family, and other appropriate community services and supports available to children not eligible for preschool services under Part B, to discuss the appropriate referrals that the child may receive. In particular, DHS will seek to link families to the Rhode Island CEDARR (Comprehensive, Education, Diagnosis, Assessment, Referral, and Re-evaluation) Family Centers, which offer services to Children with Special Health Care Needs (CSHCN) and their families.

Each child’s transition team is minimally comprised of: the child’s parent(s), the EI service coordinator, and a representative from the school department. Additional resources can be invited as requested and appropriate. The meeting is scheduled and convened by the service

coordinator. This first transition-planning meeting may occur as early as thirty (30) months. In each case, this transition meeting may occur at the discretion of all such parties but not more than nine (9) months before the child is eligible for preschool special education services and will occur at least ninety (90) days prior to the child being eligible for preschool special education services.

For children who will turn three (3) between May and September, these timelines must be adjusted to ensure that six (6) months of planning time is still available to the transition team. Therefore, all transition activities, beginning with the referral, should occur earlier (e.g., referral at twenty-seven (27) months instead of twenty-eight (28) for a child with a July birthday).

Children who are referred to EI after twenty-eight (28) months should, with parental consent, be referred as soon as possible to the LEA and other community services and supports. The service coordinator should not wait for an EI evaluation/assessment to schedule the transition-planning meeting.

If a child is referred to EI at thirty-three (33) months or older, the primary work of EI is to support the family through transition. The service coordinator should refer to the LEA and other community services and supports immediately (with parental consent) and can make use of an interim IFSP with an outcome of transitioning the child and family. In these cases, an immediate transition-planning meeting convenes the appropriate team to decide how to evaluate the child for special education eligibility and to plan for transition into community services and supports.

If the child is in State custody, parts of the transition plan needs to include steps to ensure a timely assignment of an educational surrogate parent. Typically, the service coordinator notifies the caseworker and requests that the paperwork process begin.

The result of the transition meeting is a written Individual Transition Plan. Such written plans must include:

- Type and extent of evaluation data required to determine the child's status and eligibility for preschool programs under Part B services at age three (3), or referral to other appropriate community services and supports, as well as the person(s) responsible for performing the evaluations
- Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to and participate in a new setting
- Family participation goals
- Parental consent for the transferring of confidential information to the LEA information about the child-including evaluation, assessment, and IFSP information

- Procedures for preparing an Individualized Education Program (IEP) and provision of those services by thirty-six (36) months, if the child is deemed eligible for special education
- Specific timelines for completing the above activities

For most children, the school district will then convene an eligibility meeting and then an IEP meeting as part of the transition process. EI staff is often invited to these meetings and it is appropriate that they attend. The purpose of transition planning (with timelines) is to ensure that there is enough time to gather the information needed for eligibility determination and for program planning. Children who are eligible should have an IEP meeting by their third birthday in order to have services begin right away, or on the first day of school following if it's a summer birthday.

Some children will be recommended for a more intensive, full year placement and will receive services through the summer. All children should be considered for Extended School Year (ESY) services. Only an IEP Team can decide if a child is eligible for ESY.

The procedures described above have been incorporated into the *Regulations of the R.I. Board of Regents for Elementary and Secondary Education Governing the Special Education of Handicapped Children*, amended December 2000, as well as the *R.I. Rules and Regulations Pertaining to the Provision of EI services for Infants and Toddlers who are Disabled and Their Families*.

Occasionally, a child's transition lasts past his/her third birthday. Service coordinators should seek guidance from their supervisors or the Transition Coordinator. All direct services (e.g., therapy) end at the third birthday unless: (1) there are exceptional documented circumstances, (2) the continuation of services is very time limited, and/or (3) the plan to complete and exit the services is part of the IFSP. In such cases, a special request should be made to the lead agency to authorize such services. This is, in part, so that the lead agency can document the cost and relevant interdepartmental issues as well as to insure that the system has adequate capacity to support children under the age of three (3).

Service coordination can continue for these late transitions without a special request in order to complete the process.

In some cases, the LEA may request "contracting" and paying for continued services through an EI provider for some children who will turn three (3) during the summer. This is permissible as long as the transition team determines it to be appropriate clinically *and* the EI provider has sufficient capacity in order not to under serve other enrolled children.

PART II: STATEWIDE SYSTEM OF REQUIREMENTS

STATE ELIGIBILITY CRITERIA AND PROCEDURES

State Eligibility Criteria and Procedures

There are three (3) conditions of eligibility for EI services:

1. Children with Established Conditions or Single Established Condition (SEC),
2. Established Developmental Delays (DD), and
3. Children with multiple established conditions (MEC)

Children with Single Established Conditions (SEC):

These are children whose early development is influenced by diagnosed medical disorders of known etiology that bear relatively well-known expectancy for developmental outcome.

Criteria: The child has a physical or mental condition known to impact development, including, but not limited to, diagnosed chromosomal, neurological, metabolic disorders, or hearing impairments and visual impairments not corrected by medical intervention or prosthesis. Evidence of diagnosis must be in the child's record.

Representative list of Single Established Conditions (SEC)

Genetic Disorders

Neurocutaneous Syndromes

Sturge Weber syndrome	759.6
Tuberous Sclerosis	759.5

Inborn Errors of Metabolism

Organic acidemias	270.9
Arginosuccinic acidemia	270.6
Glycolic acidemia	271.8
Methylmalonic acidemia	270.3

Disorders of Lipid Metabolism

Very Long Fatty Chain Disorders	272
Refsum disease	356.3

Mucopolysaccharidoses

Hunter syndrome	277.5
Hurler syndrome	

Purine/pyrimidine abnormalities	
Lesch-Nyhan	277.2

Chromosomal Abnormality Syndromes

Abnormal autosomes	758.5
Abnormal sex chromosomes	

Klinefelter syndrome	758.7
Turner syndrome	758.6
Other specific syndromes:	
Angelman syndrome	758.9
Apert syndrome	755.55
Bardet Biedl syndrome	759.89
CHARGE association	
Multiple congenital anomalies	759.7
Cornelia de Lange syndrome	759.89
Dwarfism	
Achondroplasia	756.4
Fragile X	759.83
Jeune syndrome	756.4
Lissencephaly	742.2
Menke syndrome	759.89
Muscular Dystrophy (Congenital)	359.0
Noonan syndrome	759.89
Osteogenesis imperfecta	756.51
Prader Willi syndrome	759.81
Rubinstein Taybi syndrome	759.89
Russell Silver syndrome	759.89
Smith Lemli Opitz syndrome	759.89
Pallister-Hall syndrome	758.9
Trisomy 13	758.1
Trisomy 18	758.2
Trisomy 21 (Down)	758.0
Weaver syndrome	758.9
Williams syndrome	758.9
Sensory Impairment	
Blindness	
“legal” blindness:	369.4
20/200 visual acuity uncorrected or	
20/70 with best correction)	
Visual impairment (20/60)	
Enophthalmos, NOS	376.50
Enophthalmos due to trauma	376.52
Microphthalmos, NOS	743.10
Hearing impairment (40dB loss or greater)	389.9
Motor Impairments	
Arthrogryposis, multiplex congenital	728.3
Acquired/postural scoliosis, severe	737.30
Congenital scoliosis, severe	754.2

Neurologic Disorders

Brain Malformations or Cerebral Dysgenesis	
Agenesis of the Corpus Callosum	742.2
Anencephaly	740.0
Arnold Chiari Malformation Type II	741.00
Holoprosencephaly	742.2
Hydrocephalus (congenital or acquired)	
Acquired	331.4
Congenital	742.3
Microcephaly	742.1
Porencephalic cyst	742.4
Syringomelia	336.0
Congenital Hypoventilation	786.09
Cerebral palsy (CP, all types)	
Cerebral Palsy, Not Elsewhere Classified	43.8
Cerebral palsy, Not Otherwise Specified	343.9
Congenital/infantile/spastic CP	343.9
Athetoid CP	333.7
Diplegic CP	343.0
Hemiplegic CP	343.1
Monoplegic CP	343.3
Paraplegic CP	343.0
Quadriplegic CP	343.2
Cerebro-vascular Accident/Stroke (CVA)	436
Degenerative Progressive Neurological Conditions	
Encephalopathy	
Not Otherwise Specified	348.3
Kernicterus	
due to isoimmunization	773.4
not due to isoimmunization	774.7
Neural Tube Defects	
Spina bifida with hydrocephalus	741.0
Meningomyelocoele	741.9
Periventricular Leukomalacia	779.7
Seizures (poorly controlled and uncontrolled)	
Seizure disorder (repetitive, recurrent)	780.39
Spinal Muscular Atrophy type 1	
(Werdnig Hoffman)	335.0

Socio-Communicative Disorders

Autism Spectrum Disorders	299
Asperger syndrome	
Autistic Disorder	
Childhood Disintegrative Disorder	
Pervasive Developmental Disorder, NOS	

Medically Related Disorders

Cleft Palate	749.0
Craniosynostosis w/ an associated syndrome	
Craniosynostosis	756.0
AIDS /HIV (+)	042
Hypoplastic Left Heart Syndrome	746.7
Lung Hypoplasia	748.5
Pulmonary Atresia	746.01
Respiratory Insufficiency/Oxygen dependency	
Respiratory insufficiency	518.82
Severe Burns	
3 rd degree	949.3
Deep 3rd degree	949.4
Very Low Birth Weight	
>500g	765.01
500-749g	765.02
750-999g	765.03
1000-1249g	765.14
1250-1499g	765.15

Acquired Trauma Related Disorders

Traumatic Brain Injury	
Subdural hemorrhage	852.2
Unspecified intracranial hemorrhage	853.0
Spinal Cord Injury	952.9

Prenatal Influences:

Prenatal exposures	
Fetal Alcohol Syndrome	760.71
Fetal Phenytoin (Dilantin) Syndrome	760.70
Prenatal infections	
Congenital Toxoplasmosis	771.2
Congenital Rubella	771.0
Congenital CMV (Cytomegalovirus)	771.1
Congenital Herpes	771.2
Congenital Syphilis w/ manifestations	090.0
Perinatal events	
Severe birth asphyxia,	
Not Otherwise Specified	768.9
Chronic lung disease due to prematurity	
Respiratory distress syndrome, severe	769

Established Developmental Delays

Children who, during the period of infancy, or more commonly in the second year of life, begin to manifest developmental delays, often of unknown etiology.

Criteria: The child exhibits a delay in one (1) or more areas of development (that is, two (2) standard deviations below the mean in one (1) area of development, or 1.5 standard deviations below mean in two (2) or more areas of development, or if using developmental age or age equivalents, a delay greater than or equal to 33% in one (1) area or 25% in two (2) or more areas of development.)

The areas of development considered are cognitive, physical (including vision and hearing), communication, social and emotional and adaptive development.

In the developmental assessment of premature babies, the child's corrected age should be used until the child reaches a chronological age of thirty (30) months.

If a child's delay is 1.5 standard deviations in two (2) "subdomains" (e.g. gross motor and fine motor or receptive language and expressive language), then it is up to the evaluation/assessment team to use informed clinical opinion to determine if the delays are significantly impacting the child's functioning. If there is no significant impact on the child's functioning, then the child is not eligible for services. This rigorous definition will be used in order to appropriately identify infants and toddlers that are in need of EI services.

Informed Clinical Opinion:

A child who does not meet the above criteria for developmental delay based on standardized test scores can be determined eligible based on the professional judgment of a multidisciplinary team. When a child is determined eligible by informed clinical opinion, the IFSP team shall review the child's progress in six (6) months and determine whether additional evaluations/assessments should be completed. This may include a referral for an outside evaluation (medical/diagnostic) or an updated developmental assessment by the EI team.

Informed clinical opinion should be used for those children who have received a comprehensive evaluation and assessment and who, on the basis of expert judgment by members of the evaluation team, manifest significant and observable atypical behaviors, which warrant EI services. Atypical behaviors may include difficulties in attachment and interaction with primary caregivers and family members, chronic feeding and sleep disturbances, precipitous changes in rate of development, difficulties with self-regulation, injurious behavior to self or others, as well as inappropriate or limited ways of engaging and/or forming relationships with peers or adults. Descriptive and specific documentation in the IFSP is important in order to justify the concern of the team and the need for EI services.

Children with Multiple Established Conditions - (MEC)

Children with a history of prenatal, perinatal, neonatal, or early life events suggestive of biological insults to the developing central nervous system which, either singularly or collectively, increase the probability of later atypical development and whose current level of functioning is compromised as a result of a combination of these characteristics; and children whose early life experience, including maternal and family care, nutrition, opportunities for expression of adaptive behaviors, and patterns of physical and social stimulation are of concern to the extent that they impart high probability for delayed development.

Criteria: As a guideline, the identification of any one (1) child characteristic and three (3) additional child or family circumstances. Evidence of these criteria should be documented in the child's record along with appropriate goals and treatment strategies as determined by the family and the IFSP team.

Child Characteristics

Note: Characteristics 1-5 below apply only to children whose chronological age is under eighteen (18) months. Parent report may be used to identify characteristics 1-5 for initial eligibility; however, it is expected that birth or medical records will be obtained to substantiate these characteristics.

1. Gestational Age: A child meets this criterion if the gestational age of the child is less than 32 weeks or more than 44 weeks.
2. NICU Admission: This criterion applies to a child with a stay in the Neonatal Intensive Care Unit of more than seventy-two (72) hours
3. APGAR score: A child meets this criterion if the child's APGAR score was less than 6 at one (1) or five (5) minutes.
4. Total Hospital Stay: Child will qualify as having the hospital stay criterion if the total number of days as an inpatient in a hospital or extended-care facility exceeds twenty-five (25) days in a six-(6) month period. NICU admissions for premature babies are excluded for this factor.
5. Intrauterine Growth Retardation/Small for Gestational Age: Child meets this criterion if diagnosed at birth with Intrauterine Growth Retardation (IUGR) or Small for Gestational Age (SGA).
6. Growth Concerns: A child meets this criterion if one (1) of the following conditions is fulfilled: (Measurements should be used on appropriate growth charts approved by the National Center for Health Statistics)

a. Weight for age or height for age or weight for height is less than the 5th percentile.

b. A child meets this criterion if the weight for age has dropped two (2) or more major centiles in three (3) months if the child is under 12 months of age or has dropped two (2) or more major centiles in six (6) months if the child is 12 to 36 months of age. A major centile is defined as the major percentiles (5, 10, 25, 50, 75, 90, 95) on the Physical Growth Chart adopted by the National Center for Health Statistics.

7. Chronic Feeding Difficulties, such as:

- Severe colic
- Refusal or inability to eat
- Stressful or intensely conflicted feedings
- Failure to progress in feeding skills
- Severe obesity

8. Venous blood Lead level greater than or equal to 15 with no associated developmental delay. (See #23 for Lead Level with associated developmental delay)

(Note: The following conditions may be associated with Central Nervous System Abnormalities.)

9. Infection: sepsis HIV (+)-indeterminant infection and/or maternal infection during pregnancy with known effect on fetal development

10. Trauma: intracranial hemorrhage, subdural hematoma

11. Metabolic: seizures associated with electrolyte imbalance, neonatal hyperbilirubinemia (greater than 20 mg/dl), acidosis

12. Asphyxia: prolonged or recurring apnea, aborted SIDS, suffocation, hypoxia, meconium aspiration, near drowning

13. Exposure to noxious substances in utero, including prenatal drug and alcohol exposure

The following clinical findings are also considered:

14. Abnormal muscle tone

15. Multiple apnea episodes

16. Abnormal sleep patterns/disturbances

17. Inability to feed orally

18. Persistence of multiple signs of sensory impairment or less than optimal sensory and motor patterns, including hypertonicity and over-reaction to auditory, visual or tactile input
19. Respiratory Distress Syndrome
20. Insecure Attachment/Interactional Difficulties: A child meets this criterion if the child appears to have trouble with social relationships, has symptoms of depression, or indiscriminate aggressive behavior. (In most contexts, insecure attachment in infants and toddlers is evidenced by behavior such as persistent failure to initiate or respond to social interactions, fearfulness or fearlessness that does not respond to comforting by caregivers, or indiscriminate sociability.)
21. Multiple Trauma/Losses: A child meets this criterion if he/she has experienced a series of traumas or extreme losses that may impact on the care and/or development of the child. This factor includes a child with a confirmed history of abuse or neglect and/or multiple placements outside the biological home.
22. Mild Developmental Delay: Delay between 1.5 and 2.0 standard deviations below the mean in one (1) area or less than 1.5 standard deviations below the mean in two (2) or more areas.
23. Medical Diagnoses with Associated Risk: If a medical diagnosis is present and the child has an identified delay equal or greater to 1.5 SD below the mean in any developmental area, then the child should be deemed eligible under Multiple Established Conditions.

The following is a listing of medical diagnoses that may impact development, although with a lesser probability than those conditions listed as Established Conditions. These include, but not limited to:

Genetic Disorders

- DiGeorge Syndrome
- Goldenhar Syndrome
- Moebius Syndrome
- Pfeiffer Syndrome
- Pierre-Robin Syndrome
- Treacher Collins Syndrome
- Vater Association

Sensory Impairments

- Chronic Otitis Media (for more than six months)
- Chronic Middle Ear Effusion (for more than six (6) months)

Motor Impairments

- Brachial Plexus Palsy
- Hand Deformity
- Limb Deformity
- Missing Limb
- Torticollis

Childhood Malignancies

- Astrocytoma
- Leukemia
- Neuroblastoma
- Retinoblastoma

Neurologic Disorders

- Erbs Palsy

Medically Related Disorders

- Cleft Lip Complete
- Complex Cyanotic Heart Disease
- Craniosynostosis
- Cystic Fibrosis
- Esophageal Atresia
- Juvenile Rheumatoid Arthritis
- Laryngomalacia
- Severe Malabsorption
- Sickle Cell Disease
- Tracheoesophageal Fistula/TEF
- Venous Blood Lead level greater than or equal to 15 with developmental delay
-

Family Circumstances

Regarding children in the care of someone other than the child's biological parent, if the goal is for the reunification of the parent and the child, the following characteristics apply based on the biological parent. If there is no goal for reunification with the child's biological parents (i.e., a Termination of Parental Rights has been finalized), the family circumstances are to be based on the family characteristics of the primary caregivers.

Maternal characteristics as determined by the IFSP team apply as criteria to fathers if the father is the primary caregiver. Evidence of these criteria should be documented in the child's record along with appropriate goals and treatment strategies as determined by the family.

1. Maternal Age/Parity: A family meets this eligibility criterion if the maternal age at the time of the child's birth was less than eighteen (18) or if the mother has given

birth to three (3) or more children before age of twenty (20).

2. Maternal Education: A family meets this eligibility criterion if the educational level of the mother is 12th grade or less at the time of the eligibility evaluation.

3. Parental Chronic Illness or Disability: A family meets this eligibility criterion if one (1) parent has a diagnosed chronic illness or sensory (including vision and/or hearing), mental, or developmental disability which is likely to affect the child's development or have an impact on care giving ability. Examples of this criterion may include affective disorders (e.g., depression), schizophrenia, and cognitive limitations.

4. Family Lacking Social Supports: A family meets this criterion if the family is geographically or socially isolated and in need of emotional support services.

5. Family Lacking Adequate Food, Clothing, or Shelter: A family meets this criterion if the lack of food, clothing, or a stable housing arrangement (i.e. homelessness) causes life stress for the family.

6. Open or Confirmed Protective Service Investigation: A family meets this criterion if the family has an open protective service file with the Department of Children, Youth and Families, or is in the period of investigation of child abuse or neglect, or had its file closed by DCYF in the last three (3) months. A family who is receiving voluntary services from the Department of Children, Youth and Families may also meet this factor.

7. Parental substance abuse.

8. No or inadequate prenatal care: A family meets this criterion if the mother received no prenatal care prior to the fifth month of pregnancy.

CENTRAL DIRECTORY OF SERVICES

DHS oversees a Central Directory of local and statewide services and supports. The purpose of the central directory is to ensure that EI providers, staff members and families have access to a current list of all Health and human service resources in Rhode Island. The Central Directory contains information (location, description, contact information, etc.) to enable individuals to determine the nature and scope of services and assistance available from each source listed and to contact these resources as appropriate.

The Central Directory and transmittal letter can be found in Appendix F. This directory includes information on the EI providers, Evaluation and Specialty services, Support Groups and Program, Training resources, Early Childhood Program and other community services and supports which are available for children and families. Additionally, a model form to assist parents in filing a complaint is included in the Central Directory.

The state has distributed this directory to EI Providers and all parents of children enrolled in EI. It is updated annually or more frequently, if needed. This information is available in all geographic areas in the state. It is available in both English and Spanish.

Service coordinators within EI Providers are responsible for providing information to families as well as giving them this Central Directory.

PUBLIC AWARENESS PROGRAM

Public awareness is an ongoing, systematic approach to communication with the general population, human service professionals, and families for the purpose of raising their understanding of the community supports and services available to all eligible children and families. The goal of public awareness is to increase knowledge of the state's EI system, provide information regarding early indicators of children who may be eligible for EI system, describe available services including evaluation services, describe and publicize the Central Directory, and present referral procedures for children and families suspected of being in need of EI.

RI's Public awareness programs focus attention on the early identification of infants and toddlers with disabilities. Information to be given to parents, especially parents of premature infants, or infants with other physical factors or complications, as well as underrepresented populations are the targets of RI's public awareness efforts.

A public awareness subcommittee with collaborative membership (DHS staff, ICC representatives, and EI providers) works to address these responsibilities through numerous activities that include:

- Improved and streamlined EI communication materials inclusive of child find activities distributed in public areas
- Requirements for EI providers to report current public awareness activities specific to EI system
- Outreach/education efforts to physician/pediatrician community will be piloted by DHS

All public awareness activities complement, reinforce, and coordinate those procedures used by the home visiting program to convey information about universal screening, child care information, health care options/benefits, as well as linkages between child and family needs and community-based resources. The Parent Consultant program provides an additional opportunity for

dissemination of information on the availability of EI services to all primary referral sources, especially hospitals and physicians, and parents with premature infants, or infants with other physical factors associated with learning and development complications and assisting such sources in disseminating information to parents of infants and toddlers with disabilities. Coordinated public awareness activity occurs through the collaborative efforts of DHS and DOH programs and in partnership with an array of community service and supports and families.

COMPREHENSIVE CHILD FIND SYSTEM

Procedures

It is the goal of the lead agency that all infants and toddlers in Rhode Island determined eligible for EI will be promptly and accurately identified, located, referred and evaluated. Individualized Family Service Plans (IFSPs) will be developed for all eligible children. IFSPs accurately discern areas of need, address outcomes identified by families and ensure appropriate services as defined by the IFSP are provided.

Coordination

To ensure the identification of all EI eligible children, including Indian children residing on a reservation within the state, infants and toddlers who are homeless, and those who are wards of the state, multiple community linkages and avenues into EI are essential. These linkages include Universal Newborn Screening and direct referrals from many sources, including Family Outreach Programs (FOP), pediatricians, hospitals, and families themselves.

Child Find efforts are coordinated with all state child find resources (e.g. Part B of IDEA, Maternal and Child Health {MCH}, Medicaid (EPSDT), Head Start, Supplemental Security Income {SSI}, Developmental Disabilities Assistance and Bill of Rights Act), and with the assistance of the Interagency Coordinating Council (ICC). DHS assures that as a result of this coordination, unnecessary duplication of effort will be avoided and resources available to each public agency will be maximized.

Additionally, new requirements of the Child Abuse Prevention and Treatment Act (CAPTA), as enacted by Congress in 2003, require state to ensure the referral of children under age three (3) (3) who were “involved in a substantiated case of child abuse or neglect to early intervention service funded under Part C.” The CAPTA requirement helped to emphasize an already recognized need for coordination between the Department of Children, Youth and Families (DCYF) and the EI system. Protocols for systematic referrals, screening and evaluation have been developed by DHS and DCYF, in collaboration with the ICC.

Universal Screening

DHS has a cooperative agreement with DOH who contracts with the Visiting Nurses Associations (VNA) and the seven (7) maternity hospitals (Health care providers) throughout the state to serve as the primary mechanism through which universal screening is conducted. An assessment (Level I screening) is conducted for each child born, which includes: child characteristics, parental demographics, parental characteristics, and established conditions. This data is collected to identify low resource, vulnerable families, identify children with known established conditions, and to identify any family that might desire support or benefit from community resources.

Infants with known established conditions are referred by the hospital to Early Intervention and children with multiple established conditions are referred for home visiting to the Family Outreach Program for a Level II screening. Visiting nurses are trained in assessment to conduct a screening that gathers information of the child's developmental competence, family strengths, needs, and support systems, and the characteristics of the care giving environment. Upon completion of this in-home screening, the FOP refers identified families to EI when appropriate or to other community based services.

Referral Procedures

Direct referrals permit families, community-based agencies, and Health care providers to refer infants and toddlers directly to EI for family assessment and evaluation. Direct referrals are made within two (2) days after the child is identified as being in need of EI evaluation and assessment. This referral can be made by telephone, fax, letter, or in person.

When referrals come from community agencies or Health care providers, it is expected that families were involved in the decision to make a referral to EI, as families can decline a referral to EI. Additionally, families may choose any certified provider regardless of home address. Referral sources will receive timely feedback (within 45 days) from the EI service provider on the status of the referral. The feedback to the referral source must be documented in each child's record.

Referrals will be accepted by EI providers for children up to their third birthday. For children who are older than thirty-four (34) months, the focus of service coordination should be on coordinating evaluations and program planning with post-EI community services and supports. Families may also choose to work directly with their Local Education Agency (LEA) and other community services and supports at this time. EI providers will facilitate a referral to the LEA and other community services and supports to all families who choose this option.

In general, when there is presumed eligibility for EI (i.e. diagnosis of an established criterion), then a child should be referred directly to a full service EI provider. If presumed eligibility does not exist, then families are offered the option of a developmental and family screening through the FOP. Families may, however, choose the more comprehensive evaluation and assessment. EI providers will partner with the lead agency in assuring broad outreach to Health care providers and child care providers informing them of the process for referring their patients to EI.

Public awareness materials are disseminated to hospitals, including prenatal and postnatal care facilities, physicians, parents, day care programs, LEAs, public Health facilities, social services agencies, other Health care providers, and the Pediatric Practice Enhancement Project (PPEP).

Timeline for Provider to Act of Referrals

Each EI provider, upon receipt of a referral, must appoint a service coordinator as soon as possible. An EI provider must complete the assessment, evaluation and hold the first IFSP meeting within forty-five (45) days.

EVALUATION, ASSESSMENT AND NONDISCRIMINATORY PROCEDURES

The purposes of the evaluation and assessment process include not only eligibility determination, but also gathering information for planning purposes and answering a family's questions regarding their child's development.

Pre-assessment planning should include strategies to answer these questions (methods, tools, and environments) as well as to identify who should participate in the evaluation and assessment. For each initial team evaluation and assessment, at least two (2) members of a multidisciplinary team and a family member must participate actively in the process. Team members are chosen based on the areas of developmental concern and family questions.

At times a child is referred to EI whose eligibility is already established (e.g., a single established condition). In this case, an evaluation for eligibility is not required but an assessment of functional abilities and needs is required in order to plan for outcomes, supports, and services. For children whose eligibility needs to be established (e.g., developmental delay, MEC), an eligibility evaluation *and* a functional assessment are required.

Definitions

“Evaluation” means the procedures used by qualified personnel if eligibility is unknown, to determine a child's initial eligibility for EI services in some cases. Many factors, including family factors (with family consent), are used in determining eligibility. The evaluation includes determination of the child's level of functioning in each of the following developmental areas: cognition, physical development (including vision and hearing), communication, social or emotional development and adaptive development.

“Child Assessment” refers to the ongoing procedures used by qualified personnel throughout the child's eligibility period for EI to identify the child's unique strengths and needs and the services appropriate to meet those needs. This assessment along with the family assessment, when available – forms the basis for the goal development in the IFSP.

“Family Assessment” means a family assessment, conducted with the voluntary consent of the parent(s). A family assessment, conducted by personnel trained to use appropriate methods and procedures, may identify the needs of the family as related to appropriately supporting the

development of the child. This includes the family's description of its resources, priorities, and concerns. It also identifies the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child. A variety of methods may be used by multidisciplinary teams to gather this information (e.g., family self-report questionnaires, structured interviews, informal discussions, etc). This process could also include information about resources to meet non-developmental family needs.

Evaluation/Assessment Requirements

DHS ensures that evaluations and assessments are implemented in collaboration with other state agencies where relevant. Comprehensive evaluations including child and family assessment, if the voluntary consent of the family has been secured, are conducted in a timely manner.

For each initial team assessment at least two (2) members of the diagnostic team and a family member must be present, and participate fully and actively in the process, as appropriate. The service coordinator, who coordinates the evaluation and assessment process, assumes responsibility for the following activities:

- Serving as the single point of contact in assisting parents to obtain required services and assistance
- Assisting parents in gaining access to all services identified in the IFSP
- Coordinating the provision of services both within and across agencies
- Facilitating the timely delivery of services
- Coordinating the performance of assessments
- Facilitating the development, review, and appropriate modification of the IFSP
- Assisting families in identifying available service providers external to EI Providers
- Coordinating with medical and Health care providers
- Facilitating the development of appropriate transition plans

Qualified multidisciplinary team members, trained to use appropriate methods and procedures, conduct evaluations and assessments. The evaluation and assessment includes a review of medical history and the use of two (2) or more measures, including norm-referenced, criterion-referenced, parent report, and/or direct observational measures.

Measures used must provide information about the child's level of functioning in each of the following areas: cognition, physical development, including vision and hearing; communication; social and emotional development and adaptive development. Emphasis must be placed on assessing and describing the child's participation in family routines and everyday activities, and not merely his/her 'testing performance'.

Evaluation/Assessment Tools

At least one (1) measure used in the evaluation and assessment must be norm- or criterion-referenced. A norm-referenced test is a test that compares the individual child's performance to a

clearly defined normative group (i.e., comparing a two (2) year old child's performance to that of a thousand other two (2) year olds on the same tasks). A criterion-referenced measure compares an individual's performance to established criterion or standard of performance. In most cases use of both a norm-referenced and criterion-referenced measure will provide the most complete information to determine eligibility and begin assessment of a child's current functioning for program planning.

If a criterion-referenced tool is used for the determination of eligibility, it must provide a developmental age or ages in the required domains. If a child has been referred to EI at twenty-eight (28) months of age or older, it is strongly recommended that norm-referenced measures be considered and that the evaluation be coordinated with the LEA so it may also be used for eligibility determination for preschool special education services. Selection of the other tool(s) is based on the judgment of the evaluation team with family input as appropriate. In cases where eligibility is known, as is the case with a documented established condition (SEC), it is recommended that criterion-referenced measures be used in linking assessment to goals in the IFSP.

Informed Clinical Judgment

In those rare cases when a child's functioning is not measurable using norm-referenced tools or criterion-referenced measures, then the evaluation and assessment report should clearly delineate the child's level of functioning in each required area so that an independent evaluation team would make the same eligibility determination on the basis of the written report or in clinical observation of the child.

Use of Outside Evaluations

EI providers may use evaluations completed by other agencies in eligibility determination. If these evaluations do not meet the evaluation standards (that is, two (2) professionals, two (2) measures, and consideration of all areas listed above) or have not been completed within the last three (3) months, additional evaluations may need to be completed if the child is not available based on single established condition. When an outside evaluation is used to determine eligibility, EI must still complete an assessment for planning purposes. This assessment must be conducted by a multidisciplinary team of at least two (2) qualified personnel. If an outside evaluation also contains information that may be appropriate for program planning, such information must be reviewed by a multidisciplinary team of at least two (2) qualified personnel for incorporation into the IFSP.

EI evaluation teams must consider any outside evaluations that parents may have and wish to have considered, however the EI evaluation and IFSP teams hold the responsibility of determining eligibility and services. In other words, the EI team is not obligated to follow eligibility decisions or recommendations made by non-EI staff. If parents, as members of the EI teams, disagree with the decisions made by other team members, then they may access procedural safeguards.

Timelines

Each EI provider, upon receipt of a referral, must appoint a service coordinator as soon as possible. An EI provider must complete the assessment, evaluation and hold the first IFSP meeting within forty-five (45) days. If the evaluation and assessment cannot be completed within forty-five (45) days, EI programs must document those circumstances and develop and implement an interim IFSP.

Non-Discriminatory Procedures

Each EI provider must ensure that the following standards of evidence and nondiscriminatory practice are met:

- Tests, assessments, and other evaluation procedures are administered in the native language of the child and parent or other mode of communication, unless not feasible
- Any evaluation or assessment procedure is selected and administered so as not to be racially or culturally discriminatory
- Evaluation and assessment procedures are consistent with the unique demographic, cultural, racial, and ethnic characteristics of the population serviced.
- No single procedure is used as the sole criterion for determining a child's eligibility for services;
- Evaluation/assessment team members use informed clinical opinion to interpret all evaluation data.
- Qualified personnel conduct evaluations and assessments.

INDIVIDUALIZED FAMILY SERVICE PLANS (IFSPs)

Individualized Family Service Plans

The State of Rhode Island assures that each child and family will receive an eligibility evaluation and/or assessment, IFSP development and implementation, service coordination services and procedural safeguards. For each child evaluated for the first time and determined eligible for EI services, an initial IFSP meeting is conducted and an IFSP prepared no later than forty-five (45) days after referral.

The family and appropriate qualified personnel providing EI services must develop the IFSP jointly. The IFSP is based on the multidisciplinary evaluation and/or assessment of the child and family and includes services, based on scientific research to the extent practicable, necessary to enhance the development of the child and the capacity of the family to meet the needs of the child.

Procedures for IFSP Development, Review, and Evaluation

All IFSP meetings are:

- Conducted by face-to-face contact. Other means acceptable to the parents and other participants may be used in extenuating circumstances and must be documented in the child's record
- In the native language of the family or other mode of communication used by the family, unless not feasible. When not feasible to conduct the IFSP in the language of the family, an interpreter must be present to facilitate the family's full participation and decision making as part of the IFSP team.
- In settings and at times that are convenient to families.
- In accordance with federal law, written notification should be provided to the family and all other participants by the service coordinator at least seven (7) days prior to the date of all IFSP meetings.

Periodic Review

Given the dynamic nature of the developmental course of infants, toddlers, and their families, IFSPs require ongoing review, discussion, and revision by parents and service coordinators. EI Programs have developed procedures that promote and facilitate continuous, collaborative planning by professionals and families.

In addition to such ongoing exchanges, each IFSP must be formally reviewed every six (6) months, or more frequently if conditions warrant, or if a family requests such a review. Participants in this progress review minimally include the parent, service coordinator, and other select team members as requested by the parent. This review occurs through a meeting or other means acceptable to the parents and other participants. The objective of this meeting is to review the degree to which progress is being made toward achieving outcomes, and whether modifications or revisions of outcomes or services are needed. The review may be carried out by a meeting or by another means that is acceptable to the parents and other participants.

Annual Meeting to Evaluate the IFSP

The purpose of the annual IFSP meeting is to evaluate, revise and update the IFSP based on ongoing assessment of the child's progress. Participants in this meeting shall include those represented in the initial IFSP meeting.

Accessibility and Convenience of Meetings

IFSP meetings shall be conducted:

- By a meeting or other means acceptable to the parents and other participants
- In settings and at times that are convenient to families
- In the native language of the family or other mode of communication used by the family, unless not feasible
- In accordance with written notification provided to the family and all other participants by the service coordinator at least seven (7) days prior to the date of the meeting.

Parental Consent

All IFSP meetings must be conducted in a manner to ensure the contents are fully explained to the parents. Informed written consent must be obtained before the provision of the EI services described in the IFSP. If parents do not provide consent for a particular EI services or withdraw consent after initially providing consent, that service may not be provided. Additionally, all EI services to which parents consent must be provided in a timely manner.

It is important to note that information contained within the IFSP, such as diagnoses, medical conditions, test results, and service goals should be presented in language and in a format that is easily understood by families. The final content of the IFSP is jointly determined and agreed to by the family and service coordinator.

In the event a dispute exists within agencies regarding development or implementation of the IFSP, DHS will resolve the dispute or assign responsibility for service provision.

Participants in IFSP Meetings

Each initial IFSP meeting, which is conducted within 45 days after referral and annual IFSP meetings thereafter, shall minimally include the following participants:

- Parents of the child
- Family members as requested by the parent
- Advocates or persons outside of the family as requested by the parent
- Service coordinator working with the family since the initial referral of the child or the person designated by the program to implement the IFSP
- At least one (1) professional who participated in the evaluation and assessment process
- Any additional community services and support program representatives as

determined by the child and family

If any persons listed above are unable to attend the meeting, arrangements are made for other methods of participation (e.g., telephone calls, introduction of pertinent records available, knowledgeable authorized representatives present, etc.).

Content of an IFSP

All IFSPs must be completed on the most recent IFSP form issued by the lead agency. This document must be completed in its entirety for each initial IFSP. It should be noted that the lead agency believes that the process of completing the IFSP is as important as the written product. The expected process is that outcomes are written together with the families and other caregivers rather than being written by professionals and given to parents for review and approval. The written IFSP should be unique as is the family who participated in its development.

Rhode Island's standardized IFSP contains the following essential requirements:

Child Status: Describes a child's current level of functioning within the areas of physical development (including vision and hearing), cognition, communication development, emotional or social development, and adaptive development. Present levels of development will be based upon professionally accepted objective criteria as well as informed clinical opinion.

Family Information: With the concurrence of the family, the IFSP will include a statement of family resources, priorities, and concerns, related to enhancing the development of the child.

Goals/Outcomes: A statement of measurable results and outcomes expected to be achieved for the child and family, including pre-literacy and language skills as developmentally appropriate for the child; and the criteria, procedures, and timelines used to evaluate such outcomes, including the degree to which progress toward achievement is being made, and if modifications of outcomes or services are necessary.

Array of Services: A statement of the specific, individualized EI services based on peer-reviewed research, to the extent practicable, necessary to meet the unique needs of the child and family. Such statements must include the frequency, intensity, location, method of delivery of services, and payment arrangements, if any. Also, they must include the natural environments in which the service shall appropriately be provided or a justification of the extent, if any, to which the services will not be provided in a natural environment.

Frequency and intensity: The number of days/sessions a service is provided; the length of time the service is provided during each session; whether the service is provided on an individual or group basis.

Location: Where a service is provided (home, center, hospital, etc.); the actual place or places. "Method" means how a service is provided.

Pay Arrangements: The IFSP will incorporate information regarding payment for services, when appropriate.

Other Services: A statement of medical and other services necessary to the child but not required under Part C, and the funding sources to be used in paying for those services or the steps to be taken to secure those services through public or private resources. This does not apply to routine medical services, e.g. immunizations and well baby care, unless those services are needed and not otherwise available.

Dates and Duration of Services: Projected dates for the initiation, as soon as possible after the IFSP meeting, and the anticipated duration of all services listed.

Service Coordinator: The name of the service coordinator from a profession most immediately relevant to the child's or family's needs (or otherwise qualified to carry out all applicable responsibilities) who will be responsible for implementing the IFSP and coordinating with other agencies and persons. The provider may assign the same service coordinator to be responsible for implementing the IFSP who was appointed when the child was initially referred for evaluation, or may appoint a new service coordinator. As used above, the term "profession" includes "service coordination."

Transition: Specification of activities that will occur to support the smooth and effective transfer of children from EI to other environments at three (3) years of age shall be specified in the written Transition Plan described in the General Application Requirements, Part II, Section G., for children transitioning to Part B services. For those children for whom other services are indicated, the same timelines and activities apply but with other service providers. This plan will also include a plan for exiting the program.

Provision of Services Before Evaluation and Assessment are Completed

In rare instances, EI services may be initiated for eligible children prior to the completion of the evaluation assessment process provided:

- Written parental consent is obtained
- An interim IFSP is developed that includes the name of the service coordinator who will be responsible for implementation of the interim IFSP and coordination with other agencies and persons
- The specific EI services that have been determined to be needed immediately by the child and child's family
- The date of completion of the evaluation and assessment process is specified and agreed to by the parent
- Evaluation and assessment must be completed within the forty-five day timeframe

An interim IFSP may be appropriate instead of a full IFSP when a child is in need of immediate services or is referred after thirty-three (33) months in order to provide transition support. To complete an interim IFSP, a comprehensive in-home visit should be completed to determine probable eligibility and services immediately needed.

COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT (CSPD)

Training and Professional Development

These regulations acknowledge that providing quality EI services to infants and toddlers requires competent professionals who not only have acquired appropriate certificates and licenses within their academic disciplines, but also paraprofessionals. Both must demonstrate a strong commitment to continuing education and professional development. As such, both pre-service and in-service interdisciplinary training initiatives are essential to an effective EI system.

All training activities provided to a variety of personnel, including public and private providers, primary referral services, paraprofessionals, and service coordinators are conducted on an interdisciplinary basis, to the extent appropriate, and includes information which relates to:

- Understanding the basic components of the EI system
- Meeting interrelated psychosocial, health, developmental, and educational needs of eligible children
- Assisting families to learn how to enhance the development of their children, and to participate fully in the development and implementation of IFSPs

To accomplish these activities a statewide Early Intervention Training System and is provided by independent contractors from an institution of higher education who regularly collaborates with other community partners to identify and address needs for in-service, pre-service and parent/family training.

In addition to the above-mentioned collaboration, the Training System works with a broad constituency of EI providers, community providers, families and lead agency staff to identify barriers and opportunities for system change to support quality services. Trainings are offered for college course credit to encourage underrepresented populations to complete undergraduate degrees and expand opportunities for early childhood services professionals. Both pre-service and in-service training opportunities are available. Both quarterly and annual reports are provided to DHS. A major focus continues to be improving the quality of services provided in natural environments.

In-Service Training

Despite Rhode Island's history and experience with providing EI services to eligible infants and toddlers, ongoing implementation of Part C requires a wide variety of training activities for professionals currently engaged in the system. Ongoing in-service training efforts may include:

- Required training for all new EI providers, which focuses on knowledge of purpose of Part C of IDEA and skills, needed for the development and implementation of the IFSP. Emphasis is placed on an understanding of family-centered practice, providing services within the natural environment of the child and family, team collaboration and access to community services and supports.
- Seminars for Early Intervention supervisors
- In-service training on an interdisciplinary basis, including families, paraprofessionals, service coordinators, professionals, private providers and referral sources
- Training for personnel to coordinate transition services from an EI program under Part C to a preschool or other appropriate community services and supports
- Conduct surveys, questionnaires, and interviews with program staff and families and site visitations to determine training needs.

To the maximum extent possible, this training plan will be integrated into the continuing professional development activities within RIDE, the American Academy of Pediatrics (AAP), state professional organizations, R.I. Association for the Education of Young Children (RIAEYC), Council for Exceptional Children (CEC)), and other existing training and information dissemination entities, e.g., RIPIN.

Pre-service Training

The Early Intervention Training System, in collaboration with RIDE and other Institutions of Higher Education implement, a variety of strategies for the recruitment of potential EI services providers by:

- Identifying content areas and competencies required by professionals both within and across disciplines including working in rural and inner city areas and with traditionally underserved populations
- Assisting in development of appropriate academic courses, seminars, and workshops which are designed to become an integral part of the core curriculum within respective pre-service training sequences
- Assisting in development of appropriate clinical and practicum experiences for multidisciplinary experiences within EI environments
- Identifying and pursuing both state and federal funding sources which would assist in developing and implementing such initiatives

Parent and Family Training

An annual needs assessment of parents' and families' training needs is conducted to assist in designing and carrying out training activities that meet the needs of families. When common needs have been identified by service providers strategies are developed to address those needs. These

trainings include assisting families to enhance the development of their child and to participate fully in the development and implementation of the IFSP.

PERSONNEL STANDARDS

All professional personnel in EI, whether employed on a full-time or part-time basis, or under a contractual agreement, for whom certificates, licenses, or registrations are required by state law and regulation, must hold such certificates, licenses, or registrations. Only those professionals that hold such certificates, licenses, or registrations may be considered qualified professionals for the purposes of multidisciplinary team evaluations. Such professionals are designated as Service Coordinators II. Copies of these documents must be maintained on site for review by and parents, as requested.

In Rhode Island, *appropriate professional requirements* mean entry-level requirements that:

- Are based on the highest requirement in the State applicable to the profession or discipline in which a person is providing EI services, and
- Establish suitable qualifications for personnel providing EI services under Part C to eligible children and their families who are served by state, local, and private agencies.

Highest requirements in the State applicable to a specific profession or discipline means highest entry-level academic degree needed for state approved or recognized certificate, license, registration, or other requirements that apply to a profession/discipline.

Profession or Discipline means a specific occupational category that provides EI services to children eligible under Part C and their families, has been established or designated by the state, and has a required scope of responsibility and degree of supervision.

State approved or recognized certificate, licensing, registration or other comparable requirement means that state legislation has enacted or authorized a state agency to promulgate rules to establish entry-level standards for employment in a specific profession or discipline in the state.

In short, all personnel in Rhode Island who provide EI services to children and families must meet the highest entry-level requirement in the state for their respective profession or discipline, as defined above.

The lead agency assures that policies and procedures have been developed which establish and maintain standards to ensure those personnel necessary to provide EI services to eligible children and their families are appropriately prepared and trained. These standards are consistent with the approved certification and licensure requirements of the State, which apply to the profession or discipline in which a person is providing EI services.

Nothing in this section shall be construed to prohibit the use of paraprofessionals and assistants who are appropriately trained and supervised in accordance with state law, regulations, and policy to assist in the provision of services for infants and toddlers with disabilities.

In the identification of the “highest entry level requirements in the State” (RI Rules and Regulations, June, 1993 {R-23-13-EI services}) for purposes of this section, the requirements of all state statutes and the rules of all state agencies applicable to serving eligible children and their families were considered. The following standards are required for EI staff. These standards are listed by discipline.

<u>Discipline</u>	<u>Highest Entry Level Standard</u>
Audiology	Master's Degree with specific course content from an accredited program and meets requirements for licensure by DOH
Early Childhood Education	Bachelor's Degree from an accredited program and is certified by the Rhode Island Department of Education as an Early Childhood Teacher
Family Therapy	Completion of a graduate degree from an accredited program and is licensed by DOH
Medicine (Physicians)	MD (Doctorate in Medicine) State licensure and Board eligible or certification in appropriate medical or surgical specialty; must be licensed by Rhode Island Board of Medical Licensure and Discipline
Nursing	Licensed as a Registered Nurse by DOH and has graduated from Board approved and accredited nursing program
Nutrition	Bachelor's Degree in nutrition or dietetics from an accredited/approved program and is licensed by DOH
Occupational Therapy	Bachelor's Degree from an approved, accredited Occupational Therapy program and is licensed by DOH
Occupational Therapy Asst.	Certified Occupational Therapist Assistant Associate's Degree and passing National Occupational Therapist Examination for Occupational Therapist Assistant
Optometry	Degree from an approved school or college of optometry and is licensed by DOH

Orientation & Mobility	Bachelor's degree from an AER approved university or college, O & M program, O & M written exam and meets approval by the ACVREP Board of Directors for certification
Physical Therapy	Bachelor's Degree from a Board approved school of Physical Therapy and licensed by DOH
Physical Therapy Asst.	Physical Therapist Assistant Associate's Degree and passing National Physical Therapist Examination for Physical Therapist Assistant
Psychology	Doctoral Degree in psychology or equivalent programs licensed by DOH
School Psychology	Advanced degree from an approved program in school psychology and certified by the Rhode Island Department of Education
Social Work	MSW from an accredited program, certified and is licensed by the Rhode Island Board of Social Work
<u>Special Education:</u>	
Blind/Partially Sighted	Bachelor's Degree from an accredited program and is certified by the Rhode Island Department of Education as a Special Educator Blind/Partially Sighted
Deaf/Hard of Hearing	Bachelor's Degree from an accredited program and is certified by the Rhode Island Department of Education as a Special Educator Deaf/Hard of Hearing
Early Childhood	Bachelor's Degree from an accredited program, has an Early Childhood Teacher's certificate, and meets requirements for certification by the Rhode Island Department of Education as a Special Educator - Early Childhood
Speech and Language	Master's Degree with specific course content from an approved program or its equivalency and is licensed by DOH
Speech and Language Pathologist Assistant	Completion of eighteen (18) graduate credits from an accredited program and registration with the Rhode Island Department of DOH

Below are listed the qualifications and responsibilities for personnel providing EI services under this Part to eligible children and their families.

Early Interventionist

Qualifications: Associate Degree in Human Services or a related field and minimum of 1 year experience providing services to families with infants and toddlers; or High School diploma or equivalent and minimum three (3) years experience providing services to families with young children and bilingual in language relevant to the provider's population.

Continuing Education Requirements: Minimum of twelve (12) hours per year of in-service training with a focus on working with young children with disabilities and their families including the completion of the Introduction to EI course within six (6) months of date of employment. Provider support for Early Interventionists to obtain their Bachelor's Degree is strongly encouraged.

Responsibilities: Works under direct supervision of EI qualified personnel (Service Coordinator II) or their equivalent. Carries out responsibilities such as assisting in activities with individual children and families and groups of EI children and families in natural environments, unless otherwise justified. Does not have sole responsibility for a caseload.

Service Coordinator I

Qualifications: Bachelor's degree in early childhood education, child development, early childhood special education, social work, psychology, communication disorders, nutrition, or a related EI field.

Continuing Education Requirements: A minimum of twelve (12) hours per year of in-service training with a focus on working with young children with disabilities and their families, including the completion of the Introduction to EI course within six (6) months of the date of employment.

Responsibilities: Service Coordination, IFSP Development, and delivery of those services not requiring "qualified personnel."

Other Accepted Qualifications for Service Coordinator I

The lead agency will consider staff that meets **all** of the following criteria:

1. Bachelor's Degree
2. At least three (3) years of experience working in the EI field or working with infants and toddlers with special needs.

3. A letter signed by the program's clinical supervisor, stating that they have complete confidence in the ability of the staff person in question to perform all the functions of a Service Coordinator I.
4. Must meet competencies in the domain areas of (a) Family Owned IFSPs and Interventions, (b) Service Delivery, and (c) Service Coordination within one (1) year

In order to expedite this process, a review of qualifications for the applicants will begin as soon as the EI Director or Clinical Supervisor submits to the Lead agency all qualifying information, e.g., resume statement of qualifications, copy of degree, copy of school transcript, and any other pertinent documentation.

Service Coordinator II

Qualifications: Bachelor's, Master's, or higher degree consistent with R.I. Early Intervention Personnel Standards for "qualified personnel." Completion of a program of advanced study as required for certification, licensure, or registration in the relevant discipline. Current certificate, license, or registration for an occupation discipline listed as "qualified personnel" in R.I. Early Intervention Personnel Standards.

Continuing Education Requirements: As needed to maintain certificate, license, or registration in the relevant disciplines; and training specializing in working with young children with disabilities and their families. Must complete the Introduction to EI course within six (6) months of date of employment.

Responsibilities: Service coordination, evaluation and assessment, IFSP development, delivery of EI services requiring "qualified personnel," and supervision of pre-service students and allied health personnel as directed. Must carry out the above responsibilities independently, participate in quality assurance studies, utilization reviews, peer reviews and staff meetings.

Other Accepted Qualification for Service Coordinator I

The lead agency will consider staff that meets **all** of the following criteria:

1. Master's Degree in a relevant field for EI or Bachelor's Degree in Education
2. Course work that is relevant to EI (at least four (4) three (3)-credit courses)
3. Appropriate training needed to carry out "Best Practice" Service Delivery (Training in Assessment Administration)
4. At least one (1) year's experience working in the EI field or one (1) year's experience working with infants and toddlers with special needs
5. A letter signed by the program's clinical supervisor, stating that they have complete confidence in the ability of the staff person in question to perform all the functions of a Service Coordinator II

6. No more than 20% of program staff is in the Services Coordinator II role with “other accepted qualifications”. Must meet competencies in the domain areas of (a) Family Owned IFSPs and Interventions, (b) Service Delivery, and (c) Service Coordination within 1 year

In order to expedite this process, a review of qualifications for the applicants will begin as soon as an EI Director or Clinical Supervisor submits to the Lead agency all qualifying information, e.g., resume, statement of qualifications, copy of master degree diploma, copy of school transcript, and any other pertinent documentation.

Clinical Supervisor

Qualifications: Certified or licensed as an independent practitioner consistent with R.I. Early Intervention Personnel Standards, "qualified personnel" categories and a minimum of three (3) years working with young children and their families.

Continuing Education Requirements: As needed to maintain certificate, license or registration in relevant disciplines and coursework specializing in working with young children with disabilities and their families; and completion of the Introduction to EI course within six (6) months of date of employment.

Responsibilities: Provides group and individual supervision. Chairs utilization review, quality assurance studies and peer review meetings. These responsibilities do not preclude the possibility of providing direct services, if deemed appropriate by the program.

Guidelines for Use of Non-EI-Staff in Service Provision

Certified EI providers must ensure that families have access to the EI services required by IDEA, when such services are identified within the context of the IFSP. All services provided must be consistent with IDEA and Rhode Island Regulations. Certified providers have several options for demonstrating the capacity to fulfill this obligation. EI providers may use (a) staff employed by the provider, (b) individuals contracted directly by the provider, (c) other providers contracted by the Lead agency, (d) interagency contracts, or (e) by referrals to and coordination with appropriate community services and supports. This expectation is to ensure that families receive high quality, consistent integrated services.

PROCEDURAL SAFEGUARDS

General Responsibility of Lead Agency for Procedural Safeguards

DHS is responsible for establishing procedural safeguards that meet the requirements of Part C. The intent of procedural safeguards is to ensure that: (1) parents are fully informed of all recommendations being advanced by EI staff, (2) that such recommendations and direct services cannot be initiated or changed without written parental consent; (3) that parents are allowed the opportunity to inspect and review records; and (4) that in those instances in which disagreement occurs between program staff and parents regarding the nature of the assessment process or direct

service provision, impartial mediation and hearing procedures be available for resolving such issues.

The lead agency is responsible for establishing procedural safeguards and ensuring effective implementation of safeguards by each provider involved in the provision of EI services.

Definitions

"Consent," means:

- The parent(s) have been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language or other mode of communication
- The parent understands and agrees in writing to the carrying out of the activity for which consent is sought, and the consent describes that activity and lists the records (if any) that will be released and to who
- The parent understands that the granting of consent is voluntary and may be revoked at any time

"Native language" (for persons with limited English proficiency) means language or other mode of communication normally used by parents

"Personally identifiable information" means information that includes:

- The name of the child, parent or other family member
- Address of child
- Personal identification, e.g. child or parents social security number; or
- List of personal characteristics or other information that makes a child's identity reasonably certain

Opportunity to Examine Records

The parent(s) of eligible children must be afforded the opportunity to inspect and review records relating to evaluation and assessment, eligibility determination, development and implementation of IFSPs, individual complaints dealing with the child, and any other area involving records about the child and family.

Prior Notice: Native Language

Written notice must be given to the parent(s) of their child prior to the proposal to initiate or change the identification, evaluation, or to provide, modify, or discontinue EI services to the child

or family. The notice must be provided within a reasonable time before the provider proposes or refuses to initiate or change the identification, evaluation, or placement of a child or provide EI services. If the parent is deaf or blind, or has no written language, the notice must be in the language or mode of communication normally used by the parent.

This notice must be in sufficient detail to inform the parent(s) about the action being proposed or refused, must include the reasons for the actions proposed, and must include all procedural safeguards.

The notice must be written in language understandable to the general public, and/or must be conveyed in the parent's native language or normal mode of communication. If the parent's native language or mode of communication is not written, or if the parent is deaf or blind, the program must ensure that the notice is translated orally or by other means normally used by the parent, that the parent understands such notice, and that written documentation be maintained that such notice has occurred.

Parent Consent

Written parental consent must be obtained before:

- Conducting the initial evaluation and assessment
- Initiating the provision of EI

If consent is not given by the parent, the EI shall make reasonable efforts to ensure that the parent:

- Is fully aware of the nature of the evaluation and assessment or services that would be available
- Understands that the child will not be able to receive the evaluation and assessment or services unless consent is given

Parent Rights to Decline Service

- Parents of an eligible child may determine whether they, their child or other family members will accept or decline any EI services under Part C in accordance with State Law
- Parents may decline such service after first accepting it without jeopardizing other EI services

Surrogate Parents

DHS shall ensure that the rights of eligible children are protected if:

- No parent can be identified

- After reasonable efforts, the EI provider cannot discover the whereabouts of a parent
- Child is a ward of the State

DHS shall be responsible for determining the need for a surrogate and the assignment of an individual to act as a surrogate for the child in accordance with existing state law. Such policies shall ensure that a person selected as a surrogate parent:

- Has no interest that conflicts with the interests of the child he or she represents
- Has knowledge and skills that ensure adequate representation of the child
- Is appointed within thirty (30) days after a determination that the child needs a surrogate

A person assigned as a surrogate parent may not be an employee of the State lead agency or other State agency or be a person or an employee of a person from any provider involved in the provision of EI services or other services to the child or family member of the child. Appointed surrogates shall not be considered employees of the provider because of being paid by the provider to act as a surrogate.

A surrogate may represent a child in all matters related to:

- Evaluation and assessment of the child
- Development and implementation of the child's IFSP, including annual evaluations and periodic reviews
- Ongoing provision of EI services to the child
- Any other rights under Part C

Reduction of Other Benefits

Nothing in this part shall be construed to permit the State to reduce medical or other assistants available or to alter eligibility under Title V of the Social Security Act or Title XIX of the Social Security Act within the state.

CONFIDENTIALITY

DHS has adopted policies and procedures in order to ensure the protection of any personally identifiable information collected, used, or maintained, including right of parents or guardians

to written notice of, and written consent to the exchange of this information is consistent with federal and state law.

Applicable Regulations

The following terms contained in 34 CFR sections 300.560 to 300.576 are used with the following modifications:

- Reference to "State Education Agency" (SEA) means the lead agency, the Department of Human Services
- Reference to "special education, related services, free appropriate education, free public education or education" means EI services
- Reference to "education of [all] children with disabilities" or "provision of a free appropriate public education to all children with disabilities" means the provision of services to eligible children and families
- Reference to "Participating agency" when used in reference to a "Local Education Agency" (LEA) or an "intermediate education unit" means local EI service providers
- Reference to section 300.128 (Identification, Location, & Evaluation of Children with Disabilities) means section 303.164 and .321 (Comprehensive Child Find System)
- Reference to section 300.129 (Confidentiality of Personally Identifiable Information) means section 303.460 (Confidentiality of Information).

Definitions

The following definitions apply to this part:

- "Destruction" means physical destruction or removal of personal identification from information so that information is no longer personally identifiable
- "Education records" means the type of records covered in definition of education records in the Family Educational Rights and Privacy Act of 1974 (FERPA)
- "Participating agency" means any EI provider or institution that collects, maintains, or uses personally identifiable information, or from which such information is obtained.

Notice to Parents

Each provider shall ensure protection of any personal identifiable information collected, used or maintained under 303.460, including the right of parents to written notice of and written consent to the exchange of this information consistent with state law. This information is communicated to parents and families in the native language or other mode of communication of the family of the eligible child.

The notice describes children on whom personally identifiable information is maintained, the type of information sought, the methods used to collect the information including sources from whom information is gathered, and the manner of utilization of information. The notice also outlines policy and procedures the provider will follow regarding storage and disclosure to third parties, the retention and destruction of personally identifiable information, and describe all rights of parents and children regarding this information, including the rights ensured by the Family Education Rights and Privacy Act (FERPA).

If any major identification, location, or evaluation activity should occur, the notice must be published or announced in newspapers or other media, or both, with circulation adequate to notify parents and families throughout the state of the activity.

Access Rights

Each EI Program shall permit parents to inspect all records related to their child. Requests for record reviews by parents shall be complied with promptly, and in no case shall exceed forty-five (45) days. Record reviews must be facilitated, upon request, prior to IFSP meetings, hearings related to the child's identification, evaluation, or placement or provision of EI services and at any time within the identification, evaluation, and program planning process. Parents or their designated representative may also request copies of records containing information if failure to provide that information would effectively prevent the parent from the right to inspect and review records. Parents or their representatives have the right to a response to reasonable requests for explanations and interpretations of records. The provider will presume the parent has the authority to inspect and review his/her child's records unless the provider has been advised that the parent does not have that authority under State law governing guardianship, separation and divorce.

Record of Access

All participating agencies which maintain confidential or personally identifiable information on children and their families must keep a record of parties obtaining access to those records collected, maintained or used (except access by parents and authorized employees of the provider), including: (1) the name of the party requesting access; (2) the date of access; and (3) the purpose for which the party is authorized to use the records.

Records on More Than One (1) Child

If any EI record includes information on more than one (1) child, the parents of those children have the right to inspect and review only the information relating to their child or to be informed of that specific information.

Lists of Types and Locations of Information

Each EI provider shall provide parents on request a list of the types and locations of EI records collected, maintained or used by the provider.

Fees

Fees for copies may be charged if the fees do not prevent parents from exercising their right to inspect or review records. Providers may not charge for searching and/or retrieving such records.

Amendment of Records at Parent's Request

In those instances in which the parent believes that the record is inaccurate, misleading, or violates the privacy or rights of the child or family, the parent may request the provider to amend the information. Such amendments, if agreed to by the provider, must occur promptly. The provider may, within a reasonable time, decide whether to amend the record. If a provider refused to amend the record, the parent shall be so notified in writing and shall be informed of their right to an impartial hearing. In either case the provider must note in the record the parents expressed disagreement with the information.

Opportunity for a Hearing

Parents shall be entitled to an impartial hearing if they believe that the contents of their child's record is inaccurate, misleading, or violates the privacy or rights of the child or family. Such impartial hearings shall be subject to the same procedures as specified in Section XII of this application.

Result of a Hearing

If the impartial hearing finds that the record is inaccurate, misleading, or in violation of privacy or other rights of the child, the provider must amend the record and so inform the parents of such amendments, in writing, within one (1) week of the decision.

If the impartial hearing finds that the record is accurate, not misleading or not in violation of privacy or other rights of the child, the provider must inform the parent of their right to insert a written statement into the record, commenting on information or expressing disagreement with the decision of the provider. Such statements must be maintained as part of the child's record as long as the child's record or contested portion is maintained by the provider, and must be disclosed if the record or the contested part is revised by any party.

Any explanation placed in the records of the child under this section must be maintained by the provider as part of the records of the child as long as the record or contested portion is maintained by the provider. If the record of the child or contested portion is disclosed by the provider to any party the explanation must also be disclosed to the party

Hearing Procedures

Any hearing held under this part must be conducted under the procedures in 34 CFR 99, the Family Education Rights and Privacy Act (FERPA).

Consent

Written parental consent must be obtained before personally identifiable information is disclosed to any individual not employed by the provider, or to any other provider, or for any other purpose than to comply with this application. The provider may not release information from the records to participating agencies without the consent of the parent unless authorized to do so under FERPA. In the event that the child's multidisciplinary team believes failure to release requested information would be harmful to the lead agency or welfare of the child, the provider may request a due process hearing to determine if the information may be released without parental consent.

Safeguards

All EI providers are responsible to protect the confidentiality of personally identifiable information at the collection, storage, disclosure, and destruction stages. The director of the EI provider shall assume responsibility for ensuring that confidentiality of personally identifiable information is maintained. Each provider must maintain a list of individuals for public inspection, who have access to personally identifiable information, and must provide instruction to these individuals regarding all sections of these Regulations pertaining to maintenance of confidentiality.

Destruction of Information

Permanent record information (including name, address, phone number, attendance and levels) may be maintained without time limitation. Other information must be destroyed if the parent so requests. The provider must inform the parent when personally identifiable information is no longer needed to provide services to the child.

Enforcement

DHS has developed policies and procedures, including sanctions, to ensure that the confidentiality requirements are followed.

- Each service provider that provides services under Part C participates in a self-review process, as well as monitoring and on-site reviews by DHS to ensure that all policies and procedures are being followed
- Sanctions for failure to comply with the Part C requirements identified during the monitoring process and including correction of identified deficiencies may include the withholding of Part C funds if determined appropriate by DHS

If DHS or its authorized representatives collect any personally identifiable information regarding children with disabilities which is not subject to the Privacy Act of 1974, the EI Provider Director will apply the requirements of the Statute 5USC522A, the Privacy Act of 1974, and regulations implemented by those provisions.

SUPERVISION AND MONITORING OF PROGRAMS

DHS is responsible for general administration and supervision of programs and activities receiving assistance under Part C and for the monitoring of programs and activities used by the State to carry out this part, whether or not programs/activities are receiving assistance under Part C to ensure compliance with Part C. Supervision and monitoring of EI providers involves information and data collected from multiple sources.

Each provider, institution, and organization utilized by DHS to carry out Part C programs or activities will be monitored and provided oversight by DHS. In the case of deficiencies, corrective action plans will be developed to address the deficiencies. Progress toward remediation of the deficiencies will be tracked through monthly reporting to DHS until full compliance is attained.

Methods of Administering Programs

Each certified EI provider annually completes a comprehensive self-assessment checklist to assess compliance with Part C and Rhode Island Rules and Regulations for Infants and Toddlers with Disabilities. Upon completion of this checklist, a designated DHS representative will review the checklist to identify program strengths, weaknesses, and issues needing immediate technical assistance. The DHS representative will then link the appropriate technical assistance resource to the EI program. Follow up tracking of the identified area requiring technical assistance will occur on a regularly scheduled basis and is recorded.

Each certified EI Provider shall receive a site visit every other year by a team of individuals coordinated by DHS. In addition, those programs providing services through the IFSP will also be monitored. Members of site visitation teams may involve members of the ICC including parent representatives, and other representatives from public and private agencies familiar with the provision of services to infants and toddlers.

It is important to note that although the major purpose of these visits is to ensure regulatory compliance, such reviews also provide an important opportunity to identify acute program needs, financial and personnel shortages, unmet training needs, and unresolved interagency complications. As such, these visits are also intended to provide an important forum for identifying and resolving problems, providing information to the ICC regarding the status of EI services, identifying exemplary practices and models, sharing resources, acknowledging sound and effective clinical practices, and providing technical assistance to EI Programs. Dissemination throughout the State of information on successful practices will occur.

Each formal and informal complaint brought to the attention of DHS will be logged and followed. Informal complaints will typically be handled via phone call to the appropriate personnel at the identified EI program. Both parties will jointly agree upon complaint

resolution. The EI program will complete and send to DHS a complaint resolution form specifying the method and timelines to be used for resolving the issue. Timely phone calls will be made to track the process.

If the complaint is formal, i.e. a signed written complaint, the procedures and timelines described below will be followed. Monitoring of the implementation of DHS' final decision will be documented and implementation of the decision followed.

Monitoring of resolution of hearings will occur by deleting personally identifiable information from the record of the hearing, the findings of fact, and the decisions in order to transmit this information to the ICC and to make it available to the public.

Since DHS maintains an information management system, the EI MIS, into which each EI program enters data, data is available in a timely manner that can be used to identify noncompliance both at the provider and system levels. When an indicator of or trend towards noncompliance is identified, programs are immediately contacted to check for possible errors in data entry and/or to verify the issue. If the indicator or trend is verified, a plan is put into action.

In all instances of noncompliance, a corrective action plan will be developed to include strategies, proposed evidence of changes, targets, and timelines (not to exceed one (1) year) designed to ensure compliance. Strategies most often will include linking the program with the most appropriate technical assistance resource. In extreme cases or in instances of continuing noncompliance, the state will impose sanctions, which could include closing a program to new admissions. A DHS representative is appointed to regularly follow up each instance of noncompliance and to document the progress being made in implementing the corrective action plan

LEAD AGENCY PROCEDURES FOR RESOLVING COMPLAINTS

DHS has written procedures for resolving any complaints, including a complaint filed by an organization or individual from another state, that any lead agency or private service provider is violating a requirement of Part C of the Act. The complaint procedure is widely disseminated statewide through Parent Consultants and the EI providers to all parents entering the EI system. Every parent who enters the EI system is given a copy of the Central Directory along with a verbal explanation of the written complaint procedure by his or her Service Coordinator or Parent Consultant. Additionally, it is available on the DHS website.

If the complaint resolution process determines that appropriate services were wrongly denied, DHS, pursuant to its general supervisory authority under Part C of the Act, will address:

- How to remediate the denial of those services, including as appropriate, the awarding of monetary reimbursement or other corrective action appropriate to the needs of the child and the child's family

- That appropriate future provision of services for all infants and toddlers with disabilities and their families

An organization or individual may file a signed written complaint under the procedures described in this part. The complaint must include:

- A statement that the State has violated a requirement of Part C of the Act or of these regulations
- The facts on which the complaint is based

The complaint must allege a violation that occurred not more than one (1) year prior to the date that the complaint is received in accordance with these regulations unless a longer period is reasonable because (1) the alleged violation is continuing for that child or other children, or (2) the complainant is requesting compensatory services for a violation that occurred not more than three (3) years prior to the date the complaint is received under these regulations.

DHS Complaint Procedures

DHS has established a time limit of sixty (60) calendar days after a complaint is filed under this part to:

- (1) Carry out an independent on-site investigation, if DHS determines that an investigation is necessary
- (2) Give the complainant the opportunity to submit additional information, either orally or in writing, about the allegations in the complaint
- (3) Review all relevant information and make an independent determination as to whether the lead agency is violating a requirement of Part C of IDEA or these regulations
- (4) Issue a written decision to the complainant that addresses each allegation in the complaint and contains the findings of fact and conclusion and the reasons for DHS' final decision.

DHS' procedures described above must permit an extension of the time limit only if exceptional circumstances exist with respect to a particular complaint. They must also include procedures for effective implementation of DHS' final decision, if needed, including technical assistance activities; negotiations; and corrective actions to achieve compliance.

Filed under this section, and due process hearings under RI Regulations Part E 508-529

If a written complaint is received that is also the subject of a due process hearing under RI Regulations Part E, 508-529, or contains multiple issues, of which one (1) or more are part of that hearing, the State must set aside any part of the complaint that is being addressed in the due process hearing, until the conclusion of the hearing. However, any issue in the complaint that is not a part of the due process action must be resolved within the sixty (60)-calendar daytime line using the complaint procedures described in paragraphs (a) and (b) of this

section. If an issue is raised in a complaint filed under this section that has previously been decided in a due process hearing involving the same parties the hearing decision is binding; and DHS must inform the complainant to that effect. A complaint alleging a provider agency's failure to implement a due process decision must be resolved by DHS has in place procedures for resolving complaint that are consistent with the requirements of 303.510 through 303.512.

Adopting Complaint Procedures

Mediation is a form of conflict resolution in which a "mediator" is called upon to attempt to reach a resolution of differences of opinion between parent (s) and EI services providers. Mediation is both an informal and flexible process designed to reach agreement between parties. Either party to a disagreement may submit a written request to the DHS for mediation.

DHS has established and implemented procedures that ensure that the mediation process is:

- Voluntary on the part of the parties
- Not used to deny or delay a parent's right to a due process hearing or to deny any other parental rights afforded under Part C
- Conducted by a qualified and impartial mediator who is trained in effective mediation techniques

The state maintains a list of individuals who are qualified mediators and knowledgeable in laws and regulations relating to the provision of EI services. The state bears the cost of the mediation process. Each session in the mediation process is scheduled in a timely manner and is held in a location that is convenient to the parties to the dispute.

An agreement reached by the parties to the dispute in the mediation process is set forth in a written mediation agreement. Discussions that occur during the mediation process are confidential and may not be used as evidence in any subsequent due process hearings or civil proceedings and the parties to the mediation process are required to sign a confidentiality pledge prior to the commencement of such process.

Impartial Due Process Hearing

A parent or public provider may initiate a hearing on any matter pertaining to prior written notice related to the provider's proposal or refusal to initiate or change the identification, evaluation or the provision of services to a child. The procedures of 34 CFR sections 300.507 - 300.512 have been adopted.

DHS must inform the parent of any free or low-cost legal and other relevant services available in the area if the parent requests the information or a hearing is initiated.

Impartial Hearing Officer

The hearing officer shall not be an employee of a certified EI provider involved in the education or care of the child, or be a person who has any personal or professional interest interfering with objectivity in the hearing. A person who qualifies as a hearing officer shall not be disqualified solely because he/she is paid by the provider to implement the complaint resolution process. The hearing officer must have knowledge about the provision of complaint management requirements, the needs of the child/family and services available to the child/ family. It shall be the responsibility of DHS to assign and financially reimburse the hearing officer. Each lead agency must keep a list of persons who serve as hearing officers and the list must include the qualifications of each of those persons.

An Organization or Individual May File a Complaint

A hearing may be initiated by the parent(s) by filing a written complaint with DHS and/or the administrator of the EI Program. DHS provides a form to the parents or attorney to assist them in filing a request for due process. The information on this form includes:

- Name of the child
- Address of the residence of the child
- Name of the EI program where the child is enrolled, if appropriate
- Description of the nature of the problem of the child relating to the proposed initiation or change, including facts relating to the problem
- Proposed resolution of the problem to the extent known and available to parents at the time

The lead agency must inform the parent of any free or low-cost legal and other relevant services available in the area if the parent requests the information or the parent or the lead agency initiates a hearing under the section. Within ten (10) days a hearing officer shall be designated.

The director of an EI provider may initiate a hearing by written notice to Lead agency (DHS) with a copy of the notice mailed to the parent(s). Within ten (10) days, a hearing officer shall be designated.

DHS will inform the parent(s) of any free or low cost legal and other relevant services available in the area. A form will be sent to the parents with information relating to legal counsel.

In the event either party requests a hearing, the hearing officer appointed will have knowledge about the provisions of the complaint management requirements, the needs of children and families, and the services available to children and families.

Minimum State Complaint Procedures

Any party to an impartial due process hearing has the right to:

- Be accompanied and advised by counsel and by individuals with special knowledge or training with respect to the problems of children with disabilities.
- Present evidence and confront, cross-examine and compel the attendance of witnesses.
- Prohibit the introduction of any evidence at the hearing that has not been disclosed to that party at least five (5) days before the hearing.
- Obtain a written, or, at the option of the parents, electronic verbatim record of the hearing.
- Obtain written, or, at the option of the parents, electronic findings of fact and decisions.
- An allowance of five (5) business days prior to the hearing for each party to disclose to all other parties all evaluations completed by that date and recommendations based on the offering party's evaluations that the party intends to use at the hearing.
- A hearing officer may bar any party that fails to comply with the preceding paragraph from introducing the relevant evaluation or recommendation at the hearing without the consent of the other party.

The public agency, after deleting any personally identifying information shall transmit the findings to the Interagency Coordinating Council and make the findings and decisions available to the public.

Parents involved in a hearing have the right to have the child who is the subject of the hearing present and to open the hearing to the public.

Hearing Decision: Appeal

A decision made in an impartial due process hearing is final unless a party to the hearing appeals this decision.

Administrative Appeal: Impartial Review

If the hearing is conducted by a public agency other than DHS, any party aggrieved by the decision may appeal to DHS. If there is an appeal, DHS shall conduct an impartial review of the hearing. The review officer shall conduct an impartial review of the hearing. The official conducting the review shall:

- Examine the entire hearing record.

- Ensure that the procedures at the hearing were consistent with the requirements of due process.
- Seek additional evidence, if necessary, applying all rights previously cited.
- Afford the parties an opportunity for oral or written argument, or both, at the discretion of the reviewing official.
- Make an independent decision on completion of the review, but no later than thirty (30) days after the request for the review.
- Give a copy of the written findings and the decision to the parties.

DHS, after deleting any personally identifiable information shall transmit the findings and decision to the Interagency Coordinating Council and make the findings and decision available to the public.

The decision made by the reviewing official is final unless a party brings civil action in a State or Federal court. A hearing or reviewing officer may grant specific extensions of timelines beyond the thirty (30) day period at the request of either party.

Civil Action

Any party aggrieved by the decision of the reviewing officer has the right to bring civil action.

Timelines and Convenience of Hearings and Reviews

Each due process hearing and each review must be conducted at a time and place that is reasonably convenient to the parents, if oral arguments are involved. The final decision will be reached and a written decision will be mailed to each party not later than thirty (30) days after receipt of a request for a hearing.

The lead agency shall ensure that no later than thirty (30) days after receipt of a request for a review, the final decision is reached and a copy of the decision is mailed to each of the parties.

A hearing or reviewing officer may grant specific extensions of time beyond the specified time periods at the request of either party.

Child's Status During the Proceedings

During the pending of any administrative or judicial proceeding regarding a complaint, unless the EI Provider and parent(s) of the child agree otherwise, the child involved must continue to receive EI services. The child must receive those services not in dispute, if the complaint involves an application for initial services.

POLICIES AND PROCEDURES RELATED TO FINANCIAL MATTERS

DHS has in place procedures that meet the requirements of this part, information about funding sources, procedures to ensure the timely delivery of services, and a procedures related to the timely reimbursement of fund under this part.

Policies Related to Payment for Services

DHS' policies related to how services to children eligible under this part and their families will be paid for under the State's EI system. These policies are reflected in the interagency agreements and specify:

- Functions and service will be provider at no cost to all parents
- DHS assurance that no services that a child is entitled to receive are delayed or denied because of disputes between agencies regarding financial or other responsibilities
- Proceeds from public or private insurance are not treated as program income

Fees

Fees are not be charged to families for the provision of child find services, evaluation and assessment, IFSP development, review and evaluation, service coordination, and implementation of procedural safeguards. Under no circumstances shall services be withheld based upon a family's financial status or inability to pay for services. No sliding fee scale is currently developed or utilized. If it is determined that parents will be charged for EI services, not to include the services listed above, DHS will submit information about the payment system, the schedule of sliding fees and the basis and amount of the payments to the U.S. Department of Education.

Identification and Coordination of Resources

DHS identifies and coordinates all available resources for EI services within the State, including those from Federal, State, local and private sources.

DHS is responsible for identifying and coordinating all available resources for EI services within the State including those from Federal, State and local and private sources. The lead agency is also responsible for establishing and updating information on funding sources policies related to the payment of EI services, if a legislative or policy change is made under any of those sources. These policies are also reflected in the interagency agreements. DHS will work closely with other state agencies to identify appropriate routes of access to funding sources, and shall make recommendations to the ICC, Governor, and General Assembly on legislative and/or regulatory amendments required to support access to multiple funding sources.

The following sources of funds may be used to provide EI services to infants, toddlers, and their families.

- Annual appropriation by the Rhode Island General Assembly to DHS
- Annual appropriation by the Rhode Island General Assembly to other human service agencies for the provision of related components to these Regulations
- Title XIX (Medicaid and EPSDT) funds
- Insurance carrier reimbursements as mandated by Rhode Island Law
- Title V (MCH) funds
- Parts B and C of IDEA
- Any medical program administered by the Secretary of Defense

Delivery of Services in a Timely Manner

DHS ensures that services are provided to eligible children and their families in a timely manner, pending the resolution of disputes among public agencies or service providers.

Payor of Last Resort

In all cases, DHS shall be payer of last resort for the provision of EI services. If necessary to prevent a delay in the timely provision of services to an eligible child or the child's family, funds under this part may be used to pay provider of services, pending reimbursement from the agency or entity that has ultimately responsibility for the payment.

Prohibition Against Supplanting and Commingling

At no time and under no circumstances shall receipt of IDEA Part C funds be used to supplant state and local funds. More specifically, the total amount of state funds budgeted for expenditure in the current fiscal year for EI services must be at least equal to the total amount of state funds actually expended for EI services in the preceding fiscal year.

Secondly, while it is anticipated that IDEA, Part C funds will be consolidated with funds derived from all sources noted above, clear and precise accounting systems and audit trails will be maintained by the lead agency which substantiate that funds have not been commingled for use other than specified in these regulations.

INTERAGENCY AGREEMENTS; RESOLUTION OF INDIVIDUAL DISPUTES

The Rhode Island DHS has entered into Memorandum of Agreements with the Rhode Island Department of Education (RIDE), the Department of Health (DOH) and the Department of Children, Youth & Family Services (DCYF). (See Appendix G).

The agreements with RIDE, DOH, and DCYF meet the requirements in paragraphs of this section and:

- Define the financial responsibilities of the agencies, if any, for paying for EI services (consistent with state law and the requirements of this application).
- Include procedures for achieving a timely resolution of intra and interagency disputes about payments for a given service or disputes about other matters related to the state's EI. Those procedures include a mechanism for making a final determination that is binding upon the agencies involved.
- Define staff and related resource allocation, including data collection and management processes
- Are drawn between RIDE, DOH and DCYF:
- Permit the agencies to resolve their own internal disputes (based on the agency's procedures that are included in the agreement), so long as the agency acts in a timely manner (within 30 days); and
- Include the process that the lead agency follows in achieving resolution of intra-agency disputes if a given agency is unable to resolve its own internal disputes in a timely manner.

The agreements include additional components necessary to ensure effective cooperation and coordination among all agencies involved in EI.

Additionally, DHS will provide cross-program training and personnel development, promote child find activities and through joint public awareness efforts will improve collaboration between DHS programs and appropriate community services and supports for families and Children with Special Health Care Needs for EI and Early Head Start Agencies.

Resolution of Disputes

DHS is responsible for resolving individual disputes, in accordance with the procedures in Reg 303.523 (c)(2)(ii). During a dispute the individual or entity responsible (1) assigns financial responsibility to an agency, subject to the provisions of this section, and (2) pays for the service, in accordance with the 'payor of last resort' provisions in Reg. 303.527.

If, in resolving the dispute, DHS determines that the assignment of financial responsibility under this section was inappropriately made, DHS (1) reassigns the responsibility to the appropriate agency, and (2) makes arrangements for reimbursement of any expenditures incurred by the agency originally assigned responsibility.

To the extent necessary to ensure compliance with its action in this section, DHS refers the dispute to the ICC while implementing the procedures to ensure the delivery of services in a timely manner as specified below.

Delivery of Services in a Timely Manner

All EI services will be provided in a timely manner pending resolution of disputes among public agencies or service providers. During the pending of a dispute, the lead agency will assume responsibility, as payor of last resort, for the provision of EI services.

POLICY FOR CONTRACTING OR OTHERWISE ARRANGING FOR SERVICES

Funds appropriated to support EI services as defined in this application shall be distributed to certified statewide EI service providers.

Programs approved for funding shall be considered certified full service EI sites. These providers must demonstrate evidence of full compliance with the R.I. Rules and Regulations Pertaining to the Provision of EI services for Infants and Toddlers with Disabilities and their Families. Other infant/toddler programs may request certification from DHS at any time.

Specialty providers may also receive funds to provide select EI services to specific populations. Specialty providers bill DHS and commercial insurance carriers directly on a fee-for-service basis for EI services furnished. Information on services rendered is collected in the EI MIS. It is the responsibility of the full service EI provider to collaborate with and coordinate specialty services that are stated in the child's IFSP.

DATA COLLECTION

DHS assumes responsibility for maintaining an information management system that describes the status of EI programs on a statewide basis. The system includes the following capabilities and components:

- Descriptive information on all referrals to EI, including those children ineligible for services
- Demographic child and family information
- Race, ethnicity and age of all who are receiving EI services
- Dates of transition activities and exit date including race, ethnicity, and age of all eligible children who no longer receive EI services because of program completion or for other reasons
- Dates and results from all multidisciplinary team evaluations and assessments
- Health insurance information programs for eligible children

- Dates of all IFSPs and IFSPS reviews
- Child's eligibility category and primary diagnosis
- EI services provided, including the type, frequency, location, intensity, duration, dates and disciplines of providers
- Number of full Time Equivalents (FTEs) of employed professionals and paraprofessionals by discipline, as well as caseloads

Each Early Intervention Provider is responsible for collecting, recording and entering the above information. Sampling methods are not used. DHS oversees an efficient, automated system, which is uniform across all sites. DHS assumes responsibility for all software purchases, creation of data processing programs to enter and store information and implementing a file protection system which restricts data access only to identified users. A method for electronically transmitting data, which ensures confidentiality of all personally identifiable information, statistical analyses of the data, and preparing summary reports for state and federal governmental agencies are the responsibility of DHS.

These data are analyzed, tabulated, and included within the annual report to the Governor and to the U.S. Secretary of Education from the ICC. The data meet the requirements of .176(b)(14) of IDEA Part C and any information that the secretary requires, including information by 618 of IDEA Part C at the time and in the manner specified by the secretary. Such information serves to characterize\ the current status of Early Intervention, and also provides an objective, data based means of prospective planning for the future.